

Form **990**

# Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

# 2012

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

**A** For the **2012** calendar year, or tax year beginning and ending

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>COMMUNITY FDN OF GREATER DES MOINES F/K/A GREATER DES MOINES COMMUNITY FDN</b>		<b>D</b> Employer identification number <b>42-6139033</b>
	Doing Business As		<b>E</b> Telephone number <b>515-883-2626</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>79,823,261.</b>
	City, town, or post office, state, and ZIP code <b>DES MOINES, IA 50309-7271</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>H(c)</b> Group exemption number ▶
<b>F</b> Name and address of principal officer: <b>KRISTINE KNOUS 1915 GRAND AVENUE, DES MOINES, IA 50309-727</b>		<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (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> Form 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		Prior Year	Current Year
Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>THE COMMUNITY FOUNDATION OF GREATER DES MOINES IMPROVES THE QUALITY OF LIFE FOR ALL BY PROMOTING</b>		
	<b>2</b> Check this box <input type="checkbox"/> 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>	<b>34</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>33</b>
	<b>5</b> Total number of individuals employed in calendar year 2012 (Part V, line 2a)	<b>5</b>	<b>22</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>54</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>498,321.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>111,861.</b>	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>27,678,731.</b>	<b>50,999,878.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>4,804,568.</b>	<b>5,041,099.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>6,077,490.</b>	<b>8,628,048.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>33,507.</b>	<b>10,806.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>38,594,296.</b>	<b>64,679,831.</b>
	Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>25,974,348.</b>
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0.</b>	<b>0.</b>
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		<b>1,107,671.</b>	<b>1,193,097.</b>
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>0.</b>	<b>0.</b>
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>26,204.</b>			
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		<b>5,504,871.</b>	<b>5,572,043.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>32,586,890.</b>	<b>34,038,082.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>6,007,406.</b>	<b>30,641,749.</b>	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year 183,836,949.</b>	<b>End of Year 225,774,296.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>767,861.</b>	<b>989,245.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>183,069,088.</b>	<b>224,785,051.</b>

**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			
	▶ <b>KRISTINE KNOUS, PRESIDENT</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>KAY HEGARTY</b>	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN <b>P00091057</b>
	Firm's name ▶ <b>MCGLADREY LLP</b>	Firm's EIN ▶ <b>42-0714325</b>		Phone no. <b>515-558-6600</b>	
Firm's address ▶ <b>400 LOCUST ST, STE 640 DES MOINES, IA 50309-2354</b>					

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission: THE COMMUNITY FOUNDATION OF GREATER DES MOINES IMPROVES THE QUALITY OF LIFE FOR ALL BY PROMOTING CHARITABLE GIVING, CONNECTING DONORS WITH CAUSES THEY CARE ABOUT AND PROVIDING LEADERSHIP ON IMPORTANT COMMUNITY ISSUES . . . WE'RE SIMPLY BETTER TOGETHER.

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 [X] No

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

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 \$ 23,698,258. including grants of \$ 21,957,794.) (Revenue \$ ) THE COMMUNITY FOUNDATION OF GREATER DES MOINES WORKS WITH INDIVIDUAL DONORS, FAMILIES, BUSINESSES, NONPROFIT ORGANIZATIONS AND COMMUNITIES TO ESTABLISH CHARITABLE FUNDS THAT BENEFIT CHARITABLE ORGANIZATIONS AND THE COMMUNITY FOREVER. THE COMMUNITY FOUNDATION IMPROVES QUALITY OF LIFE FOR ALL BY PROMOTING CHARITABLE GIVING, CONNECTING DONORS WITH CAUSES THEY CARE ABOUT, PROVIDING EXPERT GIVING ADVICE, PROFESSIONAL MANAGEMENT OF CHARITABLE FUNDS, MAXIMUM TAX ADVANTAGES AND CHARITABLE GIVING TOOLS. THE COMMUNITY FOUNDATION ADMINISTERS MORE THAN 1,140 CHARITABLE COMPONENT FUNDS. THE FUNDS AWARDED OVER \$27,000,000 IN GRANT TO CHARITIES IN 2012.

4b (Code: ) (Expenses \$ 397,542. including grants of \$ 388,830.) (Revenue \$ 179,694.) THE COMMUNITY FOUNDATION IS COMMITTED TO IMPROVING QUALITY OF LIFE IN GREATER DES MOINES AND RECOGNIZES THE IMPORTANCE THE NONPROFIT SECTOR PLAYS IN STRONG COMMUNITIES. THE COMMUNITY FOUNDATION'S COMMUNITY LEADERSHIP GRANTS SUPPORT CRITICAL PROJECTS AND PROGRAMS THAT IMPACT QUALITY OF LIFE IN GREATER DES MOINES. ITS CAPACITY BUILDING GRANTS STRENGTHEN THE EFFICIENCY AND EFFECTIVENESS OF NONPROFIT ORGANIZATIONS AND PROVIDE FUNDING FOR STRATEGIC PLANNING, MARKETING PLANNING, SUSTAINABILITY EFFORTS AND BOARD BUILDING.

4c (Code: ) (Expenses \$ 4,277,104. including grants of \$ 4,243,366.) (Revenue \$ 4,806.) THE COMMUNITY FOUNDATION SERVES AS THE FISCAL SPONSOR FOR IMPORTANT COMMUNITY BETTERMENT INITIATIVES. THESE INITIATIVES FULFILL SHORT-TERM NEEDS FOR A SPECIFIC PROGRAM OR PROJECT THAT IS KEY TO THE FUTURE VIABILITY OF THE COMMUNITY. BY SERVING AS FISCAL SPONSOR, THE COMMUNITY FOUNDATION ELIMINATES THE NEED FOR THESE VOLUNTEER GROUPS TO ESTABLISH AN UNNECESSARY NONPROFIT ORGANIZATION, YET ALLOWS FOR THE PROJECT TO BE CARRIED OUT IN A PRUDENT MANNER WITH STRONG FISCAL OVERSIGHT. THE COMMUNITY FOUNDATION PROVIDES ADMINISTRATIVE AND FINANCIAL SERVICES FOR THESE PROJECTS. EXAMPLES INCLUDE THE GRAY'S LAKE RENOVATION, THE BUILDING OF THE PAPPAJOHN SCULPTURE GARDEN, RESTORATION INGERSOLL AND THE PRINCIPAL RIVERWALK.

4d Other program services (Describe in Schedule O.) (Expenses \$ 4,777,333. including grants of \$ 682,952.) (Revenue \$ 4,861,405.)

4e Total program service expenses 33,150,237.

**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)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

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

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> .....		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? <i>If "Yes," complete Schedule L, Part I</i> .....		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> .....		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
30 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
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
32 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
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
36 <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
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

**Note.** All Form 990 filers are required to complete Schedule O .....

**Part V** Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
	<b>1a</b> 39		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	<b>1b</b> 0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
	<b>1c</b>		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	<b>2a</b> 22		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
	<b>2b</b>		
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
	<b>3a</b>		
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
	<b>3b</b>		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
	<b>4a</b>		
<b>b</b>	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
	<b>4b</b>		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
	<b>5a</b>		
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
	<b>5b</b>		
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
	<b>5c</b>		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	X	
	<b>6a</b>		
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	X	
	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
	<b>7a</b>		
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
	<b>7b</b>		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	X	
	<b>7c</b>		
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b> 3		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
	<b>7e</b>		
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
	<b>7f</b>		
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	N/A	
	<b>7g</b>		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	N/A	
	<b>7h</b>		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
	<b>8</b>		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?		X
	<b>9a</b>		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		X
	<b>9b</b>		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	N/A	
	<b>10a</b>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
	<b>10b</b>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	N/A	
	<b>11a</b>		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	<b>11b</b>		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
	<b>12a</b>		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	N/A	
	<b>12b</b>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	N/A	
	<b>13a</b>		
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
	<b>13b</b>		
<b>c</b>	Enter the amount of reserves on hand		
	<b>13c</b>		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
	<b>14a</b>		
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
	<b>14b</b>		

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

Check if Schedule O contains a response to any question in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year ..... <b>1a</b> 34		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent ..... <b>1b</b> 33		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? ..... <b>2</b>	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? ..... <b>3</b>		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? ..... <b>4</b>		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? ..... <b>5</b>		X
<b>6</b>	Did the organization have members or stockholders? ..... <b>6</b>		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? ..... <b>7a</b>		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? ..... <b>7b</b>		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? ..... <b>8a</b>	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body? ..... <b>8b</b>	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O ..... <b>9</b>		X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ► NONE
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ►  
KARLA JONES-WEBER - 515-883-2701  
1915 GRAND AVENUE, DES MOINES, IA 50309-7271

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

Check if Schedule O contains a response to any question 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization 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 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) MARGO BLUMENTHAL DIRECTOR	1.00	X					0.	0.	0.	
(2) PEG ARMSTRONG-GUSTAFSON DIRECTOR	1.00	X					0.	0.	0.	
(3) RICHARD DEMING, M.D. DIRECTOR	1.00	X					0.	0.	0.	
(4) PEGGY FISHER DIRECTOR	1.00	X					0.	0.	0.	
(5) N. BRIAN GENTRY DIRECTOR	1.00	X					0.	0.	0.	
(6) STEVE LACY DIRECTOR	1.00	X					0.	0.	0.	
(7) ALLISON FLEMING CHAIR	5.00	X		X			0.	0.	0.	
(8) CARA K. HEIDEN DIRECTOR	1.00	X					0.	0.	0.	
(9) MARK OMAN DIRECTOR	1.00	X					0.	0.	0.	
(10) THOMAS E. PRESS DIRECTOR	1.00	X					0.	0.	0.	
(11) CHARLES C. EDWARDS, JR. DIRECTOR	1.00	X					0.	0.	0.	
(12) DOUG REICHARDT DIRECTOR	1.00	X					0.	0.	0.	
(13) LOREE MILES DIRECTOR	1.00	X					0.	0.	0.	
(14) FRED W. WEITZ SECRETARY-TREASURER	2.00	X		X			0.	0.	0.	
(15) FRED S. HUBBELL DIRECTOR	2.00	X					0.	0.	0.	
(16) SUZIE GLAZER-BURT DIRECTOR	1.00	X					0.	0.	0.	
(17) JIM COWNIE 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 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) H. LYNN HORAK VICE CHAIR	2.00	X		X				0.	0.	0.
(19) SUKU RADIA DIRECTOR	1.00	X						0.	0.	0.
(20) ROBERT G. RILEY, JR. DIRECTOR	1.00	X						0.	0.	0.
(21) MARK RUPPRECHT DIRECTOR	1.00	X						0.	0.	0.
(22) KYLE J. KRAUSE DIRECTOR	2.00	X						0.	0.	0.
(23) J. BARRY GRISWELL CEO	30.00	X		X				0.	0.	0.
(24) KRISTINE KNOUS PRESIDENT & COO	40.00	X		X			135,634.	0.	24,856.	
(25) ROGER K. BROOKS DIRECTOR	1.00	X					0.	0.	0.	
(26) ROBERT BURNETT DIRECTOR	1.00	X					0.	0.	0.	
<b>1b Sub-total</b>							135,634.	0.	24,856.	
<b>c Total from continuation sheets to Part VII, Section A</b>							83,813.	0.	29,007.	
<b>d Total (add lines 1b and 1c)</b>							219,447.	0.	53,863.	

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 **1**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 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? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**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
BRUNO EVENT TEAM, 100 GRANDVIEW PLACE, STE 110, BIRMINGHAM, AL 35243	EVENT MANAGEMENT	890,525.
SHAFFER SPORTS AND EVENTS 601 WEST 6TH STREET, HOUSTON, TX 77007	CONSTRUCTION/RENTAL	396,842.
SILCHESTER INTERNATIONAL INVESTORS 50 SOUTH LASALLE, CHICAGO, IL 60601	INVESTMENT CONSULTANT	171,206.
MERCER & ASSOCIATES, 701 MARKET STREET, STE 1100, ST. LOUIS, MO 63101	INVESTMENT CONSULTANT	128,658.

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 **4**

SEE PART VII, SECTION A CONTINUATION SHEETS



COMMUNITY FDN OF GREATER DES MOINES  
F/K/A GREATER DES MOINES COMMUNITY FDN

Form 990

42-6139033

**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 line)	(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			
(27) TERE E CALDWELL-JOHNSON DIRECTOR	1.00	X						0.	0.	0.
(28) JOHNNY DANOS DIRECTOR	2.00	X						0.	0.	0.
(29) NORA EVERETT DIRECTOR	1.00	X						0.	0.	0.
(30) CHRISTOPHER E. NELSON, PHD DIRECTOR	1.00	X						0.	0.	0.
(31) ALFREDO PARRISH DIRECTOR	1.00	X						0.	0.	0.
(32) MARY O'KEEFE DIRECTOR	2.00	X						0.	0.	0.
(33) THOMAS N. URBAN DIRECTOR	1.00	X						0.	0.	0.
(34) JANIS RUAN DIRECTOR	1.00	X						0.	0.	0.
(35) KARLA JONES-WEBER CFO & DIRECTOR OF ADMIN	32.00			X				83,813.	0.	29,007.
Total to Part VII, Section A, line 1c .....								83,813.		29,007.

**Part VIII Statement of Revenue**

Check if Schedule O contains a response to any question in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns	<b>1a</b> 62,331.					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b> 110,460.					
	<b>e</b> Government grants (contributions)	<b>1e</b> 7,793,586.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 43,033,501.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$	13,582,284.					
	<b>h Total.</b> Add lines 1a-1f		50,999,878.				
	Program Service Revenue	<b>2 a</b> CHARITY CLASSIC	Business Code 900099	4,861,405.	4,861,405.		
<b>b</b> ADMINISTRATIVE FEES		541200	179,694.	179,694.			
<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			5,041,099.				
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		3,975,535.		498,321.	3,477,214.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	(i) Real	6,000.				
		(ii) Personal					
		<b>b</b> Less: rental expenses	0.				
		<b>c</b> Rental income or (loss)	6,000.				
	<b>d</b> Net rental income or (loss)		6,000.			6,000.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	19,795,943.				
		(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses	15,143,430.				
		<b>c</b> Gain or (loss)	4,652,513.				
	<b>d</b> Net gain or (loss)		4,652,513.			4,652,513.	
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>					
		<b>b</b> Less: direct expenses					
<b>c</b> Net income or (loss) from fundraising events							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>						
	<b>b</b> Less: direct expenses						
	<b>c</b> Net income or (loss) from gaming activities						
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>						
	<b>b</b> Less: cost of goods sold						
	<b>c</b> Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
<b>11 a</b> FUND SPECIAL EVENTS	900099	4,806.	4,806.				
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d		4,806.				
<b>12 Total revenue.</b> See instructions.		64,679,831.	5,045,905.	498,321.	8,135,727.		

**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 to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	27,103,664.	27,103,664.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	169,278.	169,278.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	273,310.	218,648.	54,662.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	729,474.	612,799.	91,275.	25,400.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	28,576.	23,418.	4,915.	243.
9 Other employee benefits	65,079.	55,386.	9,617.	76.
10 Payroll taxes	96,658.	61,096.	35,077.	485.
11 Fees for services (non-employees):				
a Management				
b Legal	25,867.	3,833.	22,034.	
c Accounting	62,040.	3,650.	58,390.	
d Lobbying	24,315.	24,315.		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	662,239.	662,227.	12.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	130,808.	92,767.	38,041.	
12 Advertising and promotion	79,772.		79,772.	
13 Office expenses	74,273.	3.	74,270.	
14 Information technology	51,923.		51,923.	
15 Royalties				
16 Occupancy	184,368.	2,213.	182,155.	
17 Travel	6,639.		6,639.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	18,779.	518.	18,261.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	22,042.		22,042.	
23 Insurance	15,954.		15,954.	
24 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.)				
a CHARITY CLASSIC OPERATI	4,094,381.	4,094,381.		
b DONOR/AFFILIATE RELATIO	50,570.		50,570.	
c DUES, MEMBERSHIPS, SUBS	27,063.		27,063.	
d INCOME TAX EXPENSE	10,744.	10,744.		
e All other expenses	30,266.	11,297.	18,969.	
25 Total functional expenses. Add lines 1 through 24e	34,038,082.	33,150,237.	861,641.	26,204.
26 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  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

Check if Schedule O contains a response to any question in this Part X

		(A)		(B)	
		Beginning of year		End of year	
Assets	1	Cash - non-interest-bearing .....	1,749,272.	1	2,739,119.
	2	Savings and temporary cash investments .....	26,057,778.	2	35,239,593.
	3	Pledges and grants receivable, net .....	2,810,671.	3	1,730,777.
	4	Accounts receivable, net .....		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		6	
	7	Notes and loans receivable, net .....		7	
	8	Inventories for sale or use .....		8	
	9	Prepaid expenses and deferred charges .....	310,164.	9	366,551.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 1,059,480.		
	b	Less: accumulated depreciation .....	10b 292,712.	768,301.	10c 766,768.
	11	Investments - publicly traded securities .....	144,466,039.	11	175,849,224.
	12	Investments - other securities. See Part IV, line 11 .....	6,416,728.	12	6,117,134.
	13	Investments - program-related. See Part IV, line 11 .....		13	
	14	Intangible assets .....		14	
	15	Other assets. See Part IV, line 11 .....	1,257,996.	15	2,965,130.
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	183,836,949.	16	225,774,296.	
Liabilities	17	Accounts payable and accrued expenses .....	166,911.	17	430,304.
	18	Grants payable .....	114,981.	18	353,882.
	19	Deferred revenue .....	409,080.	19	63,930.
	20	Tax-exempt bond liabilities .....		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .....		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22	
	23	Secured mortgages and notes payable to unrelated third parties .....		23	
	24	Unsecured notes and loans payable to unrelated third parties .....		24	
	25	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 .....	76,889.	25	141,129.
	26	<b>Total liabilities.</b> Add lines 17 through 25 .....	767,861.	26	989,245.
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	27	Unrestricted net assets .....	181,896,815.	27	223,945,525.
	28	Temporarily restricted net assets .....	1,172,273.	28	839,526.
	29	Permanently restricted net assets .....		29	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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> .....	183,069,088.	33	224,785,051.	
34	<b>Total liabilities and net assets/fund balances</b> .....	183,836,949.	34	225,774,296.	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	64,679,831.
2	Total expenses (must equal Part IX, column (A), line 25)	2	34,038,082.
3	Revenue less expenses. Subtract line 2 from line 1	3	30,641,749.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	183,069,088.
5	Net unrealized gains (losses) on investments	5	10,946,920.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	127,294.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	224,785,051.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	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?	X	
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?		X
3b	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		

**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. ▶ See separate instructions.

OMB No. 1545-0047

**2012**

Open to Public Inspection

<b>Name of the organization</b>	COMMUNITY FDN OF GREATER DES MOINES F/K/A GREATER DES MOINES COMMUNITY FDN	<b>Employer identification number</b>	42-6139033
---------------------------------	---	---------------------------------------	------------

**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 11, 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.)
- 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 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.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11  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 that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....		
(ii) A family member of a person described in (i) above? .....		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....		
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2012

COMMUNITY FDN OF GREATER DES MOINES

**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 fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	39,658,560.	23,032,650.	33,111,736.	27,678,731.	50,999,878.	174,481,555.
<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 .....	39,658,560.	23,032,650.	33,111,736.	27,678,731.	50,999,878.	174,481,555.
<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) .....						4,535,519.
<b>6 Public support.</b> Subtract line 5 from line 4.						169,946,036.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>7</b> Amounts from line 4 .....	39,658,560.	23,032,650.	33,111,736.	27,678,731.	50,999,878.	174,481,555.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	4,859,613.	4,221,507.	2,425,525.	3,288,670.	3,981,535.	18,776,850.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....			417,581.		498,321.	915,902.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....			544,884.			544,884.
<b>11 Total support.</b> Add lines 7 through 10						194,719,191.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	87.28	%
<b>15</b> Public support percentage from 2011 Schedule A, Part II, line 14 .....	<b>15</b>	85.81	%
<b>16a 33 1/3% support test - 2012.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2011.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2012.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2011.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 IV.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2011 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2012.** 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 - 2011.** 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



**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

**2012**

**Name of the organization**

COMMUNITY FDN OF GREATER DES MOINES  
F/K/A GREATER DES MOINES COMMUNITY FDN

**Employer identification number**

42-6139033

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

<b>Name of organization</b> COMMUNITY FDN OF GREATER DES MOINES F/K/A GREATER DES MOINES COMMUNITY FDN	<b>Employer identification number</b> 42-6139033
--	---

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 3,850,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 4,875,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 1,030,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 3,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 3,560,083.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 1,832,712.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>COMMUNITY FDN OF GREATER DES MOINES</b> <b>F/K/A GREATER DES MOINES COMMUNITY FDN</b>	Employer identification number 42-6139033
---	--

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 3,915,036.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$ 1,595,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9		\$ 1,773,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10		\$ 1,600,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>COMMUNITY FDN OF GREATER DES MOINES</b> <b>F/K/A GREATER DES MOINES COMMUNITY FDN</b>	Employer identification number 42-6139033
---	--

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
5	SHARES OF STOCK: PUBLICLY TRADED SECURITIES <hr/> <hr/> <hr/>	\$ 3,469,853.	12/14/12
6	SHARES OF STOCK: PUBLICLY TRADED SECURITIES <hr/> <hr/> <hr/>	\$ 1,832,212.	07/02/12
9	SHARES OF STOCK: PUBLICLY TRADED SECURITIES <hr/> <hr/> <hr/>	\$ 1,773,000.	11/30/12
10	RESIDENTIAL REAL ESTATE <hr/> <hr/> <hr/>	\$ 1,600,000.	12/21/12
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____

<b>Name of organization</b> COMMUNITY FDN OF GREATER DES MOINES F/K/A GREATER DES MOINES COMMUNITY FDN	<b>Employer identification number</b> 42-6139033
--	---

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

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

**2012**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**

**Open to Public Inspection**

▶ **See separate instructions.**

**If the organization answered "Yes," to 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," to 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," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35c (Proxy Tax), then**

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

Name of organization <b>COMMUNITY FDN OF GREATER DES MOINES F/K/A GREATER DES MOINES COMMUNITY FDN</b>	Employer identification number <b>42-6139033</b>
---	---

**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.
- 2 Political expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours ..... \_\_\_\_\_

**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-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2012

LHA

COMMUNITY FDN OF GREATER DES MOINES

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1 a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying) .....														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b>	Total lobbying expenditures (add lines 1 a and 1 b) .....														
<b>d</b>	Other exempt purpose expenditures .....														
<b>e</b>	Total exempt purpose expenditures (add lines 1 c and 1 d) .....														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....														

Yes  No

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

COMMUNITY FDN OF GREATER DES MOINES

**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 to 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? .....		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..		X	
<b>c</b> Media advertisements? .....		X	
<b>d</b> Mailings to members, legislators, or the public? .....		X	
<b>e</b> Publications, or published or broadcast statements? .....		X	
<b>f</b> Grants to other organizations for lobbying purposes? .....		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		X	
<b>i</b> Other activities? .....	X		24,315.
<b>j</b> Total. Add lines 1c through 1i .....			24,315.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<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? .....	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	2	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year? .....	3	

**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 .....	1	
<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 .....	2a	
<b>b</b> Carryover from last year .....	2b	
<b>c</b> Total .....	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	3	
<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? .....	4	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions) .....	5	

**Part IV** Supplemental Information

Complete this part to 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, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

**PART II-B, LINE 1, LOBBYING ACTIVITIES:**

FEES PAID TO AN ATTORNEY TO LOBBY THE LEGISLATURE FOR ENDOW IOWA ON BEHALF OF ALL QUALIFIED COMMUNITY FOUNDATIONS IN THE STATE OF IOWA.



**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization **COMMUNITY FDN OF GREATER DES MOINES  
F/K/A GREATER DES MOINES COMMUNITY FDN** Employer identification number  
**42-6139033**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....	330	
2 Aggregate contributions to (during year) .....	18,738,734.	
3 Aggregate grants from (during year) .....	7,901,914.	
4 Aggregate value at end of year .....	90,204,280.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

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

Preservation of land for public use (e.g., recreation or education)       Preservation of an historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

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

Yes       No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes       No

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

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

(i) Revenues included in 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 Revenues included in 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" to 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:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21?  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" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a Board designated or quasi-endowment  %
- b Permanent endowment  %
- c Temporarily restricted endowment  %

The percentages in 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:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		300,000.		300,000.
b Buildings		569,150.	150,795.	418,355.
c Leasehold improvements		190,330.	141,917.	48,413.
d Equipment				
e Other				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)  766,768.

**Part VII Investments - Other Securities.** 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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ANNUITY PAYABLE	141,129.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	141,129.

2. FIN 48 (ASC 740) Footnote. 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**

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains on investments	<b>2a</b>	
<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>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<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>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>
<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>

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

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>
<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>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<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>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>
<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>

**Part XIII Supplemental Information**

Complete this part to 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.

**PART X, LINE 2: THE FOUNDATION FOLLOWS THE ACCOUNTING GUIDANCE FOR ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. IN ACCORDANCE WITH THE GUIDANCE FOR UNCERTAINTY IN INCOME TAXES, MANAGEMENT HAS EVALUATED THEIR MATERIAL TAX POSITIONS AND DETERMINED THAT THERE ARE NO INCOME TAX EFFECTS WITH RESPECT TO ITS FINANCIAL STATEMENTS. THE FOUNDATION IS NO LONGER SUBJECT TO EXAMINATION BY FEDERAL OR STATE AUTHORITIES FOR YEARS PRIOR TO 2009, NOR HAVE WE BEEN NOTIFIED OF ANY IMPENDING EXAMINATION AND NO EXAMINATIONS ARE CURRENTLY IN PROCESS.**

**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. ▶ See separate instructions.

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization  
**COMMUNITY FDN OF GREATER DES MOINES  
F/K/A GREATER DES MOINES COMMUNITY FDN**

Employer identification number  
**42-6139033**

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
CENTRAL AMERICA AND THE CARIBBEAN -			INVESTMENTS		21,977,192.
<b>3 a</b> Sub-total .....	0	0			21,977,192.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			21,977,192.

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

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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

PUBLIC DISCLOSURE COPY

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 ..... ▶ \_\_\_\_\_

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

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

PUBLIC DISCLOSURE COPY

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 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)* .....  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 file Form 5713, International Boycott Report. (see Instructions for Form 5713)* .....  Yes  No

Schedule F (Form 990) 2012

PUBLIC DISCLOSURE COPY



**Part V Supplemental Information**

Complete this part to 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.

SCHEDULE F, PART I, LINE 2: THE COMMUNITY FOUNDATION PERFORMS THE FOLLOWING STEPS FOR GRANTS TO INTERNATIONAL ORGANIZATIONS:

1. THE COMMUNITY FOUNDATION CONDUCTS A PRE-GRANT INQUIRY TO DETERMINE WHETHER THE PROPOSED GRANTEE IS REASONABLY LIKELY TO USE THE GRANT FOR THE SPECIFIED PURPOSES.

2. THE COMMUNITY FOUNDATION AND GRANTEE SIGN A WRITTEN GRANT AGREEMENT WITH SPECIFIC TERMS REQUIRED BY LAW.

3. THE GRANTEE REPORTS TO THE GRANTOR, IN WRITING, EXPLAINING HOW IT USED THE FUNDS AND DESCRIBING ITS COMPLIANCE WITH THE GRANT TERMS AND ITS PROGRESS TOWARD THE GRANT PURPOSES.

AN ALTERNATIVE EQUIVALENCY DETERMINATION PROCESS TO DOCUMENT THAT THE GRANTEE IS EQUIVALENT TO A US PUBLIC CHARITY MAY BE UTILIZED. THIS IS DONE BY EXAMINING THE ORGANIZATIONS WEBSITE OR BY USING OTHER TOOLS PROVIDED IN THE COUNTRY DECLARING THE ORGANIZATION A CHARITY UNDER THEIR SPECIFIED TERMS.

SCHEDULE F, PART I, LINE 3:

AMOUNT REPORTED IN COLUMN F FOR THE INVESTMENT ACTIVITY REPRESENTS THE FAIR MARKET VALUE OF INVESTMENTS HELD WITH ENTITIES LEGALLY DOMICILED IN THE CAYMAN ISLANDS AND BERMUDA.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Name of the organization **COMMUNITY FDN OF GREATER DES MOINES  
F/K/A GREATER DES MOINES COMMUNITY FDN** Employer identification number **42-6139033**

**Part I General Information on Grants and Assistance**

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

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

<b>1 (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
ABOVE AND BEYOND CANCER FUND 1915 GRAND AVENUE DES MOINES, IA 50309	42-6139033	501(C)(3)	100.	0.			GRANT
ABOVE AND BEYOND CANCER FUND 1915 GRAND AVENUE DES MOINES, IA 50309	42-6139033	501(C)(3)	150.	0.			GRANT
ABOVE AND BEYOND CANCER FUND 1915 GRAND AVENUE DES MOINES, IA 50309	42-6139033	501(C)(3)	1,000.	0.			GRANT
ABOVE AND BEYOND CANCER FUND 1915 GRAND AVENUE DES MOINES, IA 50309	42-6139033	501(C)(3)	6,400.	0.			CHARITABLE CONTRIBUTION
ABOVE AND BEYOND CANCER FUND 1915 GRAND AVENUE DES MOINES, IA 50309	42-6139033	501(C)(3)	200,000.	0.			GRANT
ADAIR COUNTY EXTENSION 154 PUBLIC SQUARE, SUITE C GREENFIELD, IA 50849	42-6021390	501(C)(3)	1,350.	0.			SCHOLARSHIPS

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **506.**

**3** Enter total number of other organizations listed in the line 1 table **7.**

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

Schedule I (Form 990) (2012)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
ADAIR COUNTY EXTENSION 154 PUBLIC SQUARE, SUITE C GREENFIELD, IA 50849	42-6021390	501(C)(3)	5,000.	0.			GRAND STAND ENTERTAINMENT
ADAIR COUNTY EXTENSION 154 PUBLIC SQUARE, SUITE C GREENFIELD, IA 50849	42-6021390	501(C)(3)	10,000.	0.			RELOCATION OF ADAIR COUNTY EXTENSION
ADAIR COUNTY HEALTH AND FITNESS CENTER - 202 N TOWNLINE ROAD - GREENFIELD, IA 50849	26-2511202	501(C)(3)	7,000.	0.			YOUTH SPORTS EQUIPMENT
ADAIR COUNTY HEALTH AND FITNESS CENTER - 202 N TOWNLINE ROAD - GREENFIELD, IA 50849	26-2511202	501(C)(3)	10,000.	0.			EXERCISE EQUIPMENT
ADAIR COUNTY HISTORICAL SOCIETY PO BOX 40 GREENFIELD, IA 50849	42-1186182	501(C)(3)	7,095.	0.			ADAIR COUNTY HERITAGE MUSEUM FIRE ALARM SYSTEM
ADEL PUBLIC LIBRARY FOUNDATION 303 S 10TH STREET ADEL, IA 50003	81-0575260	501(C)(3)	5,740.	0.			DIGITIZE PUBLICATIONS
ADEL-DESOTO-MINBURN SCHOOL DISTRICT - 801 NILE KINNICK DRIVE S - ADEL, IA 50003	42-1398258	170(B)	2,366.	0.			FALL ALLOCATION 2012-2013
ADEL-DESOTO-MINBURN SCHOOL DISTRICT - 801 NILE KINNICK DRIVE S - ADEL, IA 50003	42-1398258	170(B)	5,000.	0.			BIOMEDICAL SCIENCES MICROSCOPES
ADEL-DESOTO-MINBURN SCHOOL DISTRICT - 801 NILE KINNICK DRIVE S - ADEL, IA 50003	42-1398258	170(B)	5,000.	0.			RISER AND SOUND SHELL

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
AGC OF IOWA FOUNDATION 701 E COURT, SUITE B DES MOINES, IA 50309	39-1883004	501(C)(3)	50,000.	0.			SCHOLARSHIP
AHEAD INC. PO BOX 1110 OTTUMWA, IA 52501	42-1446447	501(C)(3)	2,500.	0.			PROGRAM FUNDING FOR HOUSING ASSISTANCE
AHEAD INC. PO BOX 1110 OTTUMWA, IA 52501	42-1446447	501(C)(3)	5,000.	0.			2012-2013 REGIONAL HOUSING ASSISTANCE PROGRAMS
ALBIA AREA IMPROVEMENT ASSOCIATION 1 BENTON AVENUE W ALBIA, IA 52531	42-1218704	501(C)(3)	5,000.	0.			FLAG MARKERS FOR UNMARKED WAR VETS
ALBIA COMMUNITY SCHOOLS 120 BENTON AVENUE E ALBIA, IA 52531	42-6004185	170(B)	2,500.	0.			DEFIBRILLATOR FOR HIGH SCHOOL
ALBIA COMMUNITY SCHOOLS 120 BENTON AVENUE E ALBIA, IA 52531	42-6004185	170(B)	15,000.	0.			MESSAGE BOARD
ALBIA INDUSTRIAL DEVELOPMENT CORPORATION - 1 BENTON AVENUE W - ALBIA, IA 52531	42-0927912	501(C)(3)	10,000.	0.			COLLABORATIVE MARKETING PROGRAM
AMERICAN CANCER SOCIETY MIDWEST DIVISION - 8364 HICKMAN ROAD, SUITE D - CLIVE, IA 50325	41-0724036	501(C)(3)	100.	0.			ROB GILLUM RUN ACROSS IOWA
AMERICAN CANCER SOCIETY MIDWEST DIVISION - 8364 HICKMAN ROAD, SUITE D - CLIVE, IA 50325	41-0724036	501(C)(3)	2,500.	0.			AMERICAN CANCER SOCIETY COACHES VS. CANCER

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN CANCER SOCIETY MIDWEST DIVISION - 8364 HICKMAN ROAD, SUITE D - CLIVE, IA 50325	41-0724036	501(C)(3)	5,000.	0.			MAKING STRIDES AGAINST BREAST CANCER
AMERICAN FRIENDS SERVICE COMMITTEE 4211 GRAND AVENUE DES MOINES, IA 50312	23-1352010	501(C)(3)	13,000.	0.			GRANT
AMERICAN HEART ASSOCIATION, INC. 1111 9TH STREET, SUITE 280 DES MOINES, IA 50314	13-5613797	501(C)(3)	75.	0.			GRANT
AMERICAN HEART ASSOCIATION, INC. 1111 9TH STREET, SUITE 280 DES MOINES, IA 50314	13-5613797	501(C)(3)	500.	0.			HEARTWALK
AMERICAN HEART ASSOCIATION, INC. 1111 9TH STREET, SUITE 280 DES MOINES, IA 50314	13-5613797	501(C)(3)	1,000.	0.			2012 HEART WALK IN MEMORY OF MARK RIBICH
AMERICAN HEART ASSOCIATION, INC. 1111 9TH STREET, SUITE 280 DES MOINES, IA 50314	13-5613797	501(C)(3)	2,400.	0.			CPR NOW EDUCATION
AMERICAN HEART ASSOCIATION, INC. 1111 9TH STREET, SUITE 280 DES MOINES, IA 50314	13-5613797	501(C)(3)	2,500.	0.			GRANT
AMERICAN HEART ASSOCIATION, INC. 1111 9TH STREET, SUITE 280 DES MOINES, IA 50314	13-5613797	501(C)(3)	3,500.	0.			SPECIAL APPEALS DONATION FOR RESEARCH EDUCATION
AMERICAN LEGION BOB TRIBBY POST 58 201 S JEFFERSON STREET MT. PLEASANT, IA 52641	42-6127875	501(C)(19)	7,500.	0.			PHASE IX TO CONVERT COMMUNITY HALL

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
AMERICA'S FAMILY COACHES 2540 106TH STREET, SUITE 101 URBANDALE, IA 50322	42-1430081	501(C)(3)	150.	0.			GRANT
AMERICA'S FAMILY COACHES 2540 106TH STREET, SUITE 101 URBANDALE, IA 50322	42-1430081	501(C)(3)	6,000.	0.			DONATION TO SUPPORT THE MINISTRY
AMERICA'S FAMILY COACHES 2540 106TH STREET, SUITE 101 URBANDALE, IA 50322	42-1430081	501(C)(3)	10,000.	0.			CONTRIBUTION
AMES PUBLIC LIBRARY FOUNDATION 515 DOUGLAS AVENUE AMES, IA 50010	42-1450291	501(C)(3)	2,042.	0.			OPERATIONS
AMES PUBLIC LIBRARY FOUNDATION 515 DOUGLAS AVENUE AMES, IA 50010	42-1450291	501(C)(3)	6,075.	0.			OPERATIONS
AMOS 3829 GRAND AVENUE DES MOINES, IA 50312	39-1893896	501(C)(3)	33,285.	0.			PROJECT IOWA
ANAWIM HOUSING 2024 FOREST AVENUE DES MOINES, IA 50311	42-1310967	501(C)(3)	100.	0.			MEMORIAL FOR JOYCE KENT
ANAWIM HOUSING 2024 FOREST AVENUE DES MOINES, IA 50311	42-1310967	501(C)(3)	500.	0.			2012 CONTRIBUTION
ANAWIM HOUSING 2024 FOREST AVENUE DES MOINES, IA 50311	42-1310967	501(C)(3)	500.	0.			CONTRIBUTION

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
ANAWIM HOUSING 2024 FOREST AVENUE DES MOINES, IA 50311	42-1310967	501(C)(3)	500.	0.			DONATION
ANAWIM HOUSING 2024 FOREST AVENUE DES MOINES, IA 50311	42-1310967	501(C)(3)	500.	0.			GRANT
ANAWIM HOUSING 2024 FOREST AVENUE DES MOINES, IA 50311	42-1310967	501(C)(3)	1,000.	0.			2012 ANNUAL CONTRIBUTION
ANAWIM HOUSING 2024 FOREST AVENUE DES MOINES, IA 50311	42-1310967	501(C)(3)	1,000.	0.			ANNUAL FUND CAMPAIGN
ANAWIM HOUSING 2024 FOREST AVENUE DES MOINES, IA 50311	42-1310967	501(C)(3)	1,000.	0.			GIVEN AS A CHRISTMAS GIFT FROM OLIVIA RASMUSSEN OF 5246 72ND AVE., JOHNSTON, IA 50131
ANAWIM HOUSING 2024 FOREST AVENUE DES MOINES, IA 50311	42-1310967	501(C)(3)	1,000.	0.			GRANT
ANAWIM HOUSING 2024 FOREST AVENUE DES MOINES, IA 50311	42-1310967	501(C)(3)	1,000.	0.			GRANT
ANAWIM HOUSING 2024 FOREST AVENUE DES MOINES, IA 50311	42-1310967	501(C)(3)	1,000.	0.			GRANT
ANAWIM HOUSING 2024 FOREST AVENUE DES MOINES, IA 50311	42-1310967	501(C)(3)	5,000.	0.			GRANT

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
ANKENY COMMUNITY FOUNDATION 210 S ANKENY BOULEVARD ANKENY, IA 50023	20-3850596	501(C)(3)	500.	0.			ANKENY KIWANIS FUNDRAISING
ANKENY COMMUNITY FOUNDATION 210 S ANKENY BOULEVARD ANKENY, IA 50023	20-3850596	501(C)(3)	5,000.	0.			THE MIRACLE LEAGUE OF ANKENY
ANKENY COMMUNITY SCHOOL DISTRICT PO BOX 189 ANKENY, IA 50023	42-6021919	501(C)(3)	100.	0.			DEBATE TEAM
ANKENY COMMUNITY SCHOOL DISTRICT PO BOX 189 ANKENY, IA 50023	42-6021919	501(C)(3)	16,023.	0.			FALL ALLOCATION 2012-2013
ANTIQUÉ PRESERVATION ASSOCIATION OF GREENFIELD - PO BOX 31 - GREENFIELD, IA 50849	42-1319022	501(C)(3)	10,000.	0.			IOWA AVIATION MUSEUM SIGNAGE
ARMSTRONG HERITAGE MUSEUM 425 6TH STREET ARMSTRONG, IA 50514	42-1374080	501(C)(3)	5,000.	0.			MUSEUM EXPANSION - NEW STEEL BUILDING
ASHOKA TRUST FOR RESEARCH IN ECOLOGY & THE ENVIRONMENT - 11 RICHMOND ROAD - BELMONT, MA 02478	04-3311745	501(C)(3)	50,000.	0.			GRANT
ASHOKA TRUST FOR RESEARCH IN ECOLOGY & THE ENVIRONMENT - 11 RICHMOND ROAD - BELMONT, MA 02478	04-3311745	501(C)(3)	50,000.	0.			GRANT
ASSOCIATION OF FREE LUTHERAN CHURCHES - 3110 E MEDICINE LAKE BOULEVARD - PLYMOUTH, MN 55444	26-4167421	501(C)(3)	5,000.	0.			DONATION TO WORLD MISSIONS

Schedule I (Form 990)



COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
AUGUSTANA COLLEGE DEVELOPMENT OFFICE ROCK ISLAND, IL 61201-2296	36-2166962	501(C)(3)	2,500.	0.			1987 CLASS SCHOLARSHIP ENDOWMENT - 25TH REUNION
AUGUSTANA COLLEGE DEVELOPMENT OFFICE ROCK ISLAND, IL 61201-2296	36-2166962	501(C)(3)	10,000.	0.			GRANT
BALLET DES MOINES 121 SOUTH 11TH STREET, SUITE 100 WEST DES MOINES, IA 50265	94-3417247	501(C)(3)	25.	0.			GRANT
BALLET DES MOINES 121 SOUTH 11TH STREET, SUITE 100 WEST DES MOINES, IA 50265	94-3417247	501(C)(3)	100.	0.			GRANT
BALLET DES MOINES 121 SOUTH 11TH STREET, SUITE 100 WEST DES MOINES, IA 50265	94-3417247	501(C)(3)	460.	0.			DONATION PORTION OF BALLET AT THE BARN
BALLET DES MOINES 121 SOUTH 11TH STREET, SUITE 100 WEST DES MOINES, IA 50265	94-3417247	501(C)(3)	1,000.	0.			GENERAL CONTRIBUTION
BALLET DES MOINES 121 SOUTH 11TH STREET, SUITE 100 WEST DES MOINES, IA 50265	94-3417247	501(C)(3)	1,000.	0.			GRANT
BALLET DES MOINES 121 SOUTH 11TH STREET, SUITE 100 WEST DES MOINES, IA 50265	94-3417247	501(C)(3)	10,000.	0.			GRANT
BALLET QUAD CITIES 613 17TH STREET ROCK ISLAND, IL 61201	42-1366753	501(C)(3)	10,000.	0.			GRANT

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
BEDFORD AREA ECONOMIC DEVELOPMENT CORP. - 601 MADISON ST. - BEDFORD, IA 50833	42-1443198	501(C)(3)	1,200.	0.			ACROSS THE BORDER RAID
BEDFORD AREA ECONOMIC DEVELOPMENT CORP. - 601 MADISON ST. - BEDFORD, IA 50833	42-1443198	501(C)(3)	3,198.	0.			CHAIN LINK FENCE AT FAIRGROUNDS
BEDFORD AREA ECONOMIC DEVELOPMENT CORP. - 601 MADISON ST. - BEDFORD, IA 50833	42-1443198	501(C)(3)	4,390.	0.			FAIRVIEW CEMETERY ASSOCIATION- UPGRADE TO MOWER AND FENCING
BEDFORD AREA ECONOMIC DEVELOPMENT CORP. - 601 MADISON ST. - BEDFORD, IA 50833	42-1443198	501(C)(3)	4,712.	0.			FAIRGROUND IMPROVEMENTS
BELMOND AREA ARTS COUNCIL PO BOX 182 BELMOND, IA 50421	42-1157960	501(C)(3)	2,000.	0.			RADIANT HEATING SYSTEM
BELMOND AREA ARTS COUNCIL PO BOX 182 BELMOND, IA 50421	42-1157960	501(C)(3)	4,500.	0.			REROOFING BARN AT JENISON MEACHAM MEMORIAL ARTS CENTER
BERRY COLLEGE PO BOX 495018 MT. BERRY, GA 30149-5018	58-0566133	501(C)(3)	500.	0.			STUDENT MATCH
BERRY COLLEGE PO BOX 495018 MT. BERRY, GA 30149-5018	58-0566133	501(C)(3)	74,000.	0.			LIFE INSURANCE POLICY
BETHANY CHRISTIAN SERVICES PO BOX 294 GRAND RAPIDS, MI 49501	38-1405282	501(C)(3)	7,500.	0.			GRANT

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
BETHESDA LUTHERAN CHURCH PO BOX 330 JEWELL, IA 50130	42-0919447	501(C)(3)	1,814.	0.			FOOD PANTRY CHALLENGE
BETHESDA LUTHERAN CHURCH PO BOX 330 JEWELL, IA 50130	42-0919447	501(C)(3)	4,824.	0.			FOOD PANTRY CHALLENGE
BETHESDA LUTHERAN CHURCH PO BOX 330 JEWELL, IA 50130	42-0919447	501(C)(3)	4,860.	0.			FOOD PANTRY CHALLENGE
BIG BROTHERS/BIG SISTERS OF CENTRAL IOWA - 9051 SWANSON BOULEVARD - CLIVE, IA 50325	42-1184999	501(C)(3)	25.	0.			GRANT
BIG BROTHERS/BIG SISTERS OF CENTRAL IOWA - 9051 SWANSON BOULEVARD - CLIVE, IA 50325	42-1184999	501(C)(3)	100.	0.			BOWL FOR KIDS' SAKE
BIG BROTHERS/BIG SISTERS OF CENTRAL IOWA - 9051 SWANSON BOULEVARD - CLIVE, IA 50325	42-1184999	501(C)(3)	100.	0.			GRANT
BIG BROTHERS/BIG SISTERS OF CENTRAL IOWA - 9051 SWANSON BOULEVARD - CLIVE, IA 50325	42-1184999	501(C)(3)	250.	0.			GRANT FROM MIKE AND BETH MCCOY PER RICK TOLLAKSON'S BOWL FOR KIDS SAKE
BIG BROTHERS/BIG SISTERS OF CENTRAL IOWA - 9051 SWANSON BOULEVARD - CLIVE, IA 50325	42-1184999	501(C)(3)	1,000.	0.			2012 HONORARY BOARD MEMBER CONTRIBUTION
BIG BROTHERS/BIG SISTERS OF CENTRAL IOWA - 9051 SWANSON BOULEVARD - CLIVE, IA 50325	42-1184999	501(C)(3)	1,000.	0.			GENERAL DONATION

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
BIG BROTHERS/BIG SISTERS OF CENTRAL IOWA - 9051 SWANSON BOULEVARD - CLIVE, IA 50325	42-1184999	501(C)(3)	1,500.	0.			DONATION TO HELP THE ORGANIZATION.
BIG BROTHERS/BIG SISTERS OF CENTRAL IOWA - 9051 SWANSON BOULEVARD - CLIVE, IA 50325	42-1184999	501(C)(3)	2,500.	0.			NEWTON COMMUNITY GARDEN
BISHOP GARRIGAN CATHOLIC HIGH SCHOOL - 1224 N MCCOY STREET - ALGONA, IA 50511	23-7362367	501(C)(3)	5,000.	0.			BISHOP GARRIGAN GALA 2012
BISHOP GARRIGAN CATHOLIC HIGH SCHOOL - 1224 N MCCOY STREET - ALGONA, IA 50511	23-7362367	501(C)(3)	20,000.	0.			BISHOP GARRIGAN "CONTINUING THE TRADITION--EXPANDING THE VISION"
BISHOP MIEGE HIGH SCHOOL 5041 REINHARDT DRIVE SHAWNEE MISSION, KS 66205-1599	43-1615938	501(C)(3)	1,000.	0.			ANNUAL FUND
BISHOP MIEGE HIGH SCHOOL 5041 REINHARDT DRIVE SHAWNEE MISSION, KS 66205-1599	43-1615938	501(C)(3)	25,000.	0.			THE HELPING HAND TUITION FUND
BLACKHAWK LAKE RESTORATION FUND PO BOX 821 LAKE VIEW, IA 51450	26-1726010	501(C)(3)	10,190.	0.			OUTLET FISH GATE
BLANK CHILDREN'S HOSPITAL 1200 PLEASANT STREET DES MOINES, IA 50309	42-1467682	501(C)(3)	20,000.	0.			WISHES ENDOWMENT CAMPAIGN
BLANK PARK ZOO FOUNDATION 7401 SW 9TH STREET DES MOINES, IA 50315-6667	42-1171821	501(C)(3)	25.	0.			GRANT

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
BLANK PARK ZOO FOUNDATION 7401 SW 9TH STREET DES MOINES, IA 50315-6667	42-1171821	501(C)(3)	50.	0.			GRANT
BLANK PARK ZOO FOUNDATION 7401 SW 9TH STREET DES MOINES, IA 50315-6667	42-1171821	501(C)(3)	100.	0.			GRANT
BLANK PARK ZOO FOUNDATION 7401 SW 9TH STREET DES MOINES, IA 50315-6667	42-1171821	501(C)(3)	150.	0.			GRANT
BLANK PARK ZOO FOUNDATION 7401 SW 9TH STREET DES MOINES, IA 50315-6667	42-1171821	501(C)(3)	250.	0.			GRANT
BLANK PARK ZOO FOUNDATION 7401 SW 9TH STREET DES MOINES, IA 50315-6667	42-1171821	501(C)(3)	500.	0.			GRANT
BLANK PARK ZOO FOUNDATION 7401 SW 9TH STREET DES MOINES, IA 50315-6667	42-1171821	501(C)(3)	1,000.	0.			2012 ANNUAL FUND
BLANK PARK ZOO FOUNDATION 7401 SW 9TH STREET DES MOINES, IA 50315-6667	42-1171821	501(C)(3)	1,000.	0.			2012 ANNUAL GALA - ZOOBILATION
BLANK PARK ZOO FOUNDATION 7401 SW 9TH STREET DES MOINES, IA 50315-6667	42-1171821	501(C)(3)	1,000.	0.			BOARD MEMBER CONTRIBUTION
BLANK PARK ZOO FOUNDATION 7401 SW 9TH STREET DES MOINES, IA 50315-6667	42-1171821	501(C)(3)	1,000.	0.			FUNDS FOR SCHOOL VISITS

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
BLANK PARK ZOO FOUNDATION 7401 SW 9TH STREET DES MOINES, IA 50315-6667	42-1171821	501(C)(3)	2,500.	0.			GRANT
BLANK PARK ZOO FOUNDATION 7401 SW 9TH STREET DES MOINES, IA 50315-6667	42-1171821	501(C)(3)	2,500.	0.			GRANT
BLANK PARK ZOO FOUNDATION 7401 SW 9TH STREET DES MOINES, IA 50315-6667	42-1171821	501(C)(3)	2,500.	0.			ZOOBILATION CONTRIBUTION
BLANK PARK ZOO FOUNDATION 7401 SW 9TH STREET DES MOINES, IA 50315-6667	42-1171821	501(C)(3)	5,000.	0.			ZOOBILATION
BLANK PARK ZOO FOUNDATION 7401 SW 9TH STREET DES MOINES, IA 50315-6667	42-1171821	501(C)(3)	7,500.	0.			2,500 TO OPERATING FUND AND 5,000 TOWARDS THEIR CAPITAL CAMPAIGN.
BLANK PARK ZOO FOUNDATION 7401 SW 9TH STREET DES MOINES, IA 50315-6667	42-1171821	501(C)(3)	10,000.	0.			2012 WILD ABOUT ANIMALS CAPITAL CAMPAIGN PHASE I AND II
BLANK PARK ZOO FOUNDATION 7401 SW 9TH STREET DES MOINES, IA 50315-6667	42-1171821	501(C)(3)	10,000.	0.			GRANT
BLANK PARK ZOO FOUNDATION 7401 SW 9TH STREET DES MOINES, IA 50315-6667	42-1171821	501(C)(3)	20,000.	0.			ZOO'S WILD ABOUT ANIMALS
BOONE CITY PARKS FOUNDATION 724 LINCOLN BOONE, IA 50036	39-1906694	501(C)(3)	5,000.	0.			CONVERSION OF SNACK BAR TO SHELTER HOUSE

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
BOONE COUNTY AGRICULTURAL ASSOCIATION - 1601 INDUSTRIAL PARK ROAD - BOONE, IA 50036	42-0684985	501(C)(3)	5,000.	0.			SHEEP BARN RENOVATIONS AT THE FAIRGROUNDS
BOONE COUNTY CONSERVATION 610 H AVENUE OGDEN, IA 50212	42-6004392	501(C)(3)	5,000.	0.			REPLACE TOILETS AT DON WILLIAMS
BOYS & GIRLS CLUB OPERATING FUND 1915 GRAND AVENUE DES MOINES, IA 50309	42-6139033	501(C)(3)	100.	0.			CONTRIBUTION
BOYS & GIRLS CLUB OPERATING FUND 1915 GRAND AVENUE DES MOINES, IA 50309	42-6139033	501(C)(3)	400.	0.			GRANT
BOYS & GIRLS CLUB OPERATING FUND 1915 GRAND AVENUE DES MOINES, IA 50309	42-6139033	501(C)(3)	500.	0.			IN MEMORY OF DAN BUTLER
BOYS & GIRLS CLUB OPERATING FUND 1915 GRAND AVENUE DES MOINES, IA 50309	42-6139033	501(C)(3)	1,000.	0.			FEEDING THE FUTURE
BOYS & GIRLS CLUB OPERATING FUND 1915 GRAND AVENUE DES MOINES, IA 50309	42-6139033	501(C)(3)	1,068.	0.			ANNUAL DISTRIBUTION
BOYS & GIRLS CLUB OPERATING FUND 1915 GRAND AVENUE DES MOINES, IA 50309	42-6139033	501(C)(3)	1,500.	0.			2012 OLD BAGS EVENT
BOYS & GIRLS CLUB OPERATING FUND 1915 GRAND AVENUE DES MOINES, IA 50309	42-6139033	501(C)(3)	5,000.	0.			GRANT

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
BOYS & GIRLS CLUB OPERATING FUND 1915 GRAND AVENUE DES MOINES, IA 50309	42-6139033	501(C)(3)	200,000.	0.			IMPROVEMENTS AT AMOS HIATT SCHOOL/DES MOINES PUBLIC SCHOOLS
BOYS & GIRLS CLUBS OF CENTRAL IOWA 1031 OFFICE PARK ROAD, SUITE 1 WEST DES MOINES, IA 50265	42-6075138	501(C)(3)	100.	0.			ANNUAL GIVING
BOYS & GIRLS CLUBS OF CENTRAL IOWA 1031 OFFICE PARK ROAD, SUITE 1 WEST DES MOINES, IA 50265	42-6075138	501(C)(3)	150.	0.			GRANT
BOYS & GIRLS CLUBS OF CENTRAL IOWA 1031 OFFICE PARK ROAD, SUITE 1 WEST DES MOINES, IA 50265	42-6075138	501(C)(3)	500.	0.			STAFF HOLIDAY BONUS FUND
BOYS & GIRLS CLUBS OF CENTRAL IOWA 1031 OFFICE PARK ROAD, SUITE 1 WEST DES MOINES, IA 50265	42-6075138	501(C)(3)	1,000.	0.			CONTRIBUTION
BOYS & GIRLS CLUBS OF CENTRAL IOWA 1031 OFFICE PARK ROAD, SUITE 1 WEST DES MOINES, IA 50265	42-6075138	501(C)(3)	1,000.	0.			FRANK ROSS MEMORIAL CLASSIC
BOYS & GIRLS CLUBS OF CENTRAL IOWA 1031 OFFICE PARK ROAD, SUITE 1 WEST DES MOINES, IA 50265	42-6075138	501(C)(3)	1,050.	0.			DONATION
BOYS & GIRLS CLUBS OF CENTRAL IOWA 1031 OFFICE PARK ROAD, SUITE 1 WEST DES MOINES, IA 50265	42-6075138	501(C)(3)	2,000.	0.			GRANT
BOYS & GIRLS CLUBS OF CENTRAL IOWA 1031 OFFICE PARK ROAD, SUITE 1 WEST DES MOINES, IA 50265	42-6075138	501(C)(3)	2,500.	0.			CARDINAL SPONSOR OF FRANK ROSS MEMORIAL CLASSIC

Schedule I (Form 990)



COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
BOYS & GIRLS CLUBS OF CENTRAL IOWA 1031 OFFICE PARK ROAD, SUITE 1 WEST DES MOINES, IA 50265	42-6075138	501(C)(3)	5,000.	0.			GRANT
BOYS & GIRLS CLUBS OF CENTRAL-SOUTHWEST IOWA - PO BOX 225 - ADAIR, IA 50002	42-1506920	501(C)(3)	2,500.	0.			SUMMER PROGRAMMING
BOYS & GIRLS CLUBS OF CENTRAL-SOUTHWEST IOWA - PO BOX 225 - ADAIR, IA 50002	42-1506920	501(C)(3)	3,250.	0.			FACILITY UPDATES
BOYS & GIRLS CLUBS OF CENTRAL-SOUTHWEST IOWA - PO BOX 225 - ADAIR, IA 50002	42-1506920	501(C)(3)	8,500.	0.			TRIPLE PLAY
BOYS & GIRLS CLUBS OF CENTRAL-SOUTHWEST IOWA - PO BOX 225 - ADAIR, IA 50002	42-1506920	501(C)(3)	10,000.	0.			SMART MOVES PROGRAM
BRIDGES OF IOWA 1211 VINE STREET, SUITE 1110 WEST DES MOINES, IA 50265	42-1493229	501(C)(3)	75,000.	0.			WOMENS SUBSTANCE TREATMENT PROGRAM
BRIDGES OF IOWA 1211 VINE STREET, SUITE 1110 WEST DES MOINES, IA 50265	42-1493229	501(C)(3)	84,500.	0.			QUARTERLY DISTRIBUTION
BRIDGES OF IOWA 1211 VINE STREET, SUITE 1110 WEST DES MOINES, IA 50265	42-1493229	501(C)(3)	86,800.	0.			QUARTERLY DISTRIBUTION
BRIDGES OF IOWA 1211 VINE STREET, SUITE 1110 WEST DES MOINES, IA 50265	42-1493229	501(C)(3)	87,900.	0.			GRANT

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
BRIDGES OF IOWA 1211 VINE STREET, SUITE 1110 WEST DES MOINES, IA 50265	42-1493229	501(C)(3)	90,400.	0.			QUARTERLY DISTRIBUTION
BROADLAWNS MEDICAL CENTER FOUNDATION - PO BOX 5008 - DES MOINES, IA 50305	42-1527407	501(C)(3)	750.	0.			JULY 20 OUTING
BROADLAWNS MEDICAL CENTER FOUNDATION - PO BOX 5008 - DES MOINES, IA 50305	42-1527407	501(C)(3)	5,000.	0.			RENOVATION OF THE FAMILY BIRTHING CENTER
BROADLAWNS MEDICAL CENTER FOUNDATION - PO BOX 5008 - DES MOINES, IA 50305	42-1527407	501(C)(3)	7,500.	0.			GRANT
BROWN COUNTY HISTORICAL SOCIETY 2 N BROADWAY NEW ULM, MN 56073	23-7109855	501(C)(3)	10,000.	0.			US DAKOTA CONFLICT COMMEMORATION
BUENA VISTA UNIVERSITY 610 W 4TH STREET STORM LAKE, IA 50588	42-0680404	501(C)(3)	800.	0.			SCHOLARSHIP FOR TORI CARSON
BUENA VISTA UNIVERSITY 610 W 4TH STREET STORM LAKE, IA 50588	42-0680404	501(C)(3)	10,000.	0.			UNRESTRICTED GRANT
CALHOUN COUNTY PO BOX 71 ROCKWELL CITY, IA 50579	42-6005168	170(B)	2,500.	0.			INSTALL ELECTRIC HOOK-UPS IN CAMPGROUND
CALHOUN COUNTY PO BOX 71 ROCKWELL CITY, IA 50579	42-6005168	170(B)	3,185.	0.			BOARD OF HEALTH

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
CALHOUN COUNTY PO BOX 71 ROCKWELL CITY, IA 50579	42-6005168	170(B)	4,250.	0.			CALHOUN COUNTY EMS
CALHOUN COUNTY HISTORICAL SOCIETY 2314 310TH STREET ROCKWELL CITY, IA 50679	42-6093337	501(C)(3)	5,000.	0.			RESTORATION OF MUSEUM
CAMP FIRE USA 5615 HICKMAN ROAD DES MOINES, IA 50310	42-0680459	501(C)(3)	500.	0.			UNRESTRICTED CONTRIBUTION
CAMP FIRE USA 5615 HICKMAN ROAD DES MOINES, IA 50310	42-0680459	501(C)(3)	5,000.	0.			SHOWER HOUSE RENOVATION
CARING HANDS OUTREACH CENTER INC. 201 9TH STREET NE ALTOONA, IA 50009	20-0390118	501(C)(3)	1,500.	0.			CARING HANDS FOOD PANTRY
CARING HANDS OUTREACH CENTER INC. 201 9TH STREET NE ALTOONA, IA 50009	20-0390118	501(C)(3)	1,500.	0.			FOOD PANTRY
CARING HANDS OUTREACH CENTER INC. 201 9TH STREET NE ALTOONA, IA 50009	20-0390118	501(C)(3)	1,500.	0.			GRANT
CARING HANDS OUTREACH CENTER INC. 201 9TH STREET NE ALTOONA, IA 50009	20-0390118	501(C)(3)	2,000.	0.			CARING HANDS FOOD PANTRY
CARING HANDS OUTREACH CENTER INC. 201 9TH STREET NE ALTOONA, IA 50009	20-0390118	501(C)(3)	2,000.	0.			CARING HANDS FOOD PANTRY

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
CARING HANDS OUTREACH CENTER INC. 201 9TH STREET NE ALTOONA, IA 50009	20-0390118	501(C)(3)	2,000.	0.			CARING HANDS FOOD PANTRY
CARING HANDS OUTREACH CENTER INC. 201 9TH STREET NE ALTOONA, IA 50009	20-0390118	501(C)(3)	2,000.	0.			CARING HANDS FOOD PANTRY
CARING HANDS OUTREACH CENTER INC. 201 9TH STREET NE ALTOONA, IA 50009	20-0390118	501(C)(3)	29,442.	0.			CARING HANDS FOOD PANTRY SEMI OF FOOD
CARLISLE AREA HISTORICAL SOCIETY PO BOX 137 CARLISLE, IA 50047	26-0793436	501(C)(3)	500.	0.			TRIM WORK AT RANDLEMAN HOUSE
CARLISLE AREA HISTORICAL SOCIETY PO BOX 137 CARLISLE, IA 50047	26-0793436	501(C)(3)	5,000.	0.			RANDLEMAN HOUSE PAINTING
CASEY HISTORICAL SOCIETY PO BOX 251 CASEY, IA 50048	20-5089411	501(C)(3)	15,000.	0.			STAINED GLASS WINDOWS
CASEY LIBRARY BETTERMENT ASSOCIATION - PO BOX 178 - CASEY, IA 50048	39-1870122	501(C)(3)	5,893.	0.			LIBRARY TECHNOLOGY UPDATE
CATHEDRAL CHURCH OF ST. PAUL 815 HIGH STREET DES MOINES, IA 50309	42-0680444	501(C)(3)	1,000.	0.			ARTS
CATHEDRAL CHURCH OF ST. PAUL 815 HIGH STREET DES MOINES, IA 50309	42-0680444	501(C)(3)	3,140.	0.			GRANT

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
CATHEDRAL CHURCH OF ST. PAUL 815 HIGH STREET DES MOINES, IA 50309	42-0680444	501(C)(3)	22,500.	0.			HISTORY BUILDING RENOVATION CAPITAL CAMPAIGN
CEDAR RIVER RECREATION & FINE ARTS COMPLEX - 809 SAWYER DRIVE - OSAGE, IA 50461	20-8620108	501(C)(3)	30,000.	0.			DONATION TO CEDAR RIVER COMPLEX OUT OF SOCK SALE PROCEEDS
CENTRAL COLLEGE 812 UNIVERSITY PELLA, IA 50219	42-0680344	501(C)(3)	250.	0.			CENTRAL FUND
CENTRAL COLLEGE 812 UNIVERSITY PELLA, IA 50219	42-0680344	501(C)(3)	250.	0.			GRANT
CENTRAL COLLEGE 812 UNIVERSITY PELLA, IA 50219	42-0680344	501(C)(3)	750.	0.			EDUCATION AND PSYCHOLOGY BUILDING
CENTRAL COLLEGE 812 UNIVERSITY PELLA, IA 50219	42-0680344	501(C)(3)	1,000.	0.			MARION COUNTY AND THE AMERICAN CIVIL WAR
CENTRAL COLLEGE 812 UNIVERSITY PELLA, IA 50219	42-0680344	501(C)(3)	1,700.	0.			AED'S
CENTRAL COLLEGE 812 UNIVERSITY PELLA, IA 50219	42-0680344	501(C)(3)	4,570.	0.			GRANT
CENTRAL COLLEGE 812 UNIVERSITY PELLA, IA 50219	42-0680344	501(C)(3)	50,000.	0.			GRANT

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRAL GARDENS OF NORTH IOWA PO BOX 735 CLEAR LAKE, IA 50428	27-0011922	501(C)(3)	10,000.	0.			GRANT
CENTRAL IOWA SHELTER & SERVICES 1420 MULBERRY STREET DES MOINES, IA 50309	42-1394212	501(C)(3)	50.	0.			GRANT
CENTRAL IOWA SHELTER & SERVICES 1420 MULBERRY STREET DES MOINES, IA 50309	42-1394212	501(C)(3)	100.	0.			GRANT
CENTRAL IOWA SHELTER & SERVICES 1420 MULBERRY STREET DES MOINES, IA 50309	42-1394212	501(C)(3)	100.	0.			GRANT
CENTRAL IOWA SHELTER & SERVICES 1420 MULBERRY STREET DES MOINES, IA 50309	42-1394212	501(C)(3)	180.	0.			CONTRIBUTION
CENTRAL IOWA SHELTER & SERVICES 1420 MULBERRY STREET DES MOINES, IA 50309	42-1394212	501(C)(3)	1,000.	0.			GRANT
CENTRAL IOWA SHELTER & SERVICES 1420 MULBERRY STREET DES MOINES, IA 50309	42-1394212	501(C)(3)	1,000.	0.			GRANT
CENTRAL IOWA SHELTER & SERVICES 1420 MULBERRY STREET DES MOINES, IA 50309	42-1394212	501(C)(3)	1,000.	0.			GRANT
CENTRAL IOWA SHELTER & SERVICES 1420 MULBERRY STREET DES MOINES, IA 50309	42-1394212	501(C)(3)	1,000.	0.			GRANT

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRAL IOWA SHELTER & SERVICES 1420 MULBERRY STREET DES MOINES, IA 50309	42-1394212	501(C)(3)	1,250.	0.			HEROES FOR HOMELESS CONTRIBUTION
CENTRAL IOWA SHELTER & SERVICES 1420 MULBERRY STREET DES MOINES, IA 50309	42-1394212	501(C)(3)	4,208.	0.			OWED TO THE CITY OF DES MOINES
CENTRAL IOWA SHELTER & SERVICES 1420 MULBERRY STREET DES MOINES, IA 50309	42-1394212	501(C)(3)	5,000.	0.			ARTWORK
CENTRAL IOWA SHELTER & SERVICES 1420 MULBERRY STREET DES MOINES, IA 50309	42-1394212	501(C)(3)	5,000.	0.			GRANT
CENTRAL IOWA SHELTER & SERVICES 1420 MULBERRY STREET DES MOINES, IA 50309	42-1394212	501(C)(3)	146,469.	0.			DISTRIBUTION
CENTRAL IOWA SHELTER & SERVICES 1420 MULBERRY STREET DES MOINES, IA 50309	42-1394212	501(C)(3)	306,181.	0.			DRAW
CENTRAL IOWA SHELTER & SERVICES CAPITAL FUND - 1915 GRAND AVENUE - DES MOINES, IA 50309	42-6139033	501(C)(3)	7,880.	0.			GRANT
CENTRAL IOWA SHELTER & SERVICES CAPITAL FUND - 1915 GRAND AVENUE - DES MOINES, IA 50309	42-6139033	501(C)(3)	170,008.	0.			GRANT
CENTRAL IOWA SHELTER & SERVICES CAPITAL FUND - 1915 GRAND AVENUE - DES MOINES, IA 50309	42-6139033	501(C)(3)	663,659.	0.			GRANT

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRAL IOWA SHELTER & SERVICES CAPITAL FUND - 1915 GRAND AVENUE - DES MOINES, IA 50309	42-6139033	501(C)(3)	762,253.	0.			GRANT
CENTRAL IOWA SHELTER & SERVICES CAPITAL FUND - 1915 GRAND AVENUE - DES MOINES, IA 50309	42-6139033	501(C)(3)	827,342.	0.			GRANT
CENTRAL IOWA SHELTER & SERVICES CAPITAL FUND - 1915 GRAND AVENUE - DES MOINES, IA 50309	42-6139033	501(C)(3)	1,004,605.	0.			GRANT
CENTRAL IOWA SHELTER & SERVICES CAPITAL FUND - 1915 GRAND AVENUE - DES MOINES, IA 50309	42-6139033	501(C)(3)	1,070,217.	0.			GRANT
CENTRAL IOWA SHELTER & SERVICES CAPITAL FUND - 1915 GRAND AVENUE - DES MOINES, IA 50309	42-6139033	501(C)(3)	1,526,885.	0.			GRANT
CENTRAL PLACE FAMILY RESOURCE CENTER - SE POLK COMMUNITY SCHOOLS - PLEASANT HILL, IA 50327	42-0863054	501(C)(3)	5,000.	0.			BACK TO SCHOOL NEEDS
CHAMBER OF COMMERCE LITTLE ROCK 1 CHAMBER PLAZA LITTLE ROCK, AR 72201	71-0108510	501(C)6	5,000.	0.			SERVE THE ROCK
CHARACTER COUNTS IN IOWA ATTN: CHERI MCDANIEL DES MOINES, IA 50311	39-1896160	501(C)(3)	937.	0.			ANNUAL DISTRIBUTION
CHARACTER COUNTS IN IOWA ATTN: CHERI MCDANIEL DES MOINES, IA 50311	39-1896160	501(C)(3)	20,000.	0.			OPERATING FUND CONTRIBUTION

Schedule I (Form 990)



COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
CHARACTER COUNTS IN IOWA ATTN: CHERI MCDANIEL DES MOINES, IA 50311	39-1896160	501(C)(3)	59,052.	0.			ANNUAL DISTRIBUTION
CHERISH CENTER PO BOX 1003 OKOBOJI, IA 51355	42-1490775	501(C)(3)	3,000.	0.			NO APOLOGIES
CHERISH CENTER PO BOX 1003 OKOBOJI, IA 51355	42-1490775	501(C)(3)	5,000.	0.			THEE GARAGE SALE
CHICAGOLAND CHAMBER OF COMMERCE FOUNDATION - PO BOX 70062 - CHICAGO, IL 60673	23-7334589	501(C)(3)	2,500.	0.			FUNDING EDUCATION, ADVOCACY, BUSINESS GROWTH, AND JOB CREATION
CHICAGOLAND CHAMBER OF COMMERCE FOUNDATION - PO BOX 70062 - CHICAGO, IL 60673	23-7334589	501(C)(3)	5,000.	0.			FUNDING EDUCATION, ADVOCACY, BUSINESS GROWTH, AND JOB CREATION
CHILD AND PARENT COUNCIL 1306 32ND STREET SPIRIT LAKE, IA 51360	42-1242048	501(C)(3)	5,231.	0.			TIME OUT NURSERY
CHILDREN & FAMILIES OF IOWA 1111 UNIVERSITY AVENUE DES MOINES, IA 50314	42-0680416	501(C)(3)	25.	0.			GRANT
CHILDREN & FAMILIES OF IOWA 1111 UNIVERSITY AVENUE DES MOINES, IA 50314	42-0680416	501(C)(3)	25.	0.			GRANT
CHILDREN & FAMILIES OF IOWA 1111 UNIVERSITY AVENUE DES MOINES, IA 50314	42-0680416	501(C)(3)	100.	0.			CHILDREN & FAMILIES OF IOWA

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
CHILDREN & FAMILIES OF IOWA 1111 UNIVERSITY AVENUE DES MOINES, IA 50314	42-0680416	501(C)(3)	100.	0.			GRANT
CHILDREN & FAMILIES OF IOWA 1111 UNIVERSITY AVENUE DES MOINES, IA 50314	42-0680416	501(C)(3)	500.	0.			TANGO
CHILDREN & FAMILIES OF IOWA 1111 UNIVERSITY AVENUE DES MOINES, IA 50314	42-0680416	501(C)(3)	1,000.	0.			ANNUAL APPEAL
CHILDREN & FAMILIES OF IOWA 1111 UNIVERSITY AVENUE DES MOINES, IA 50314	42-0680416	501(C)(3)	1,000.	0.			CAPITAL FUND
CHILDREN & FAMILIES OF IOWA 1111 UNIVERSITY AVENUE DES MOINES, IA 50314	42-0680416	501(C)(3)	1,000.	0.			CLUB TANGO
CHILDREN & FAMILIES OF IOWA 1111 UNIVERSITY AVENUE DES MOINES, IA 50314	42-0680416	501(C)(3)	1,000.	0.			CLUB TANGO
CHILDREN & FAMILIES OF IOWA 1111 UNIVERSITY AVENUE DES MOINES, IA 50314	42-0680416	501(C)(3)	1,000.	0.			GRANT FROM LIBERTY BANK
CHILDREN & FAMILIES OF IOWA 1111 UNIVERSITY AVENUE DES MOINES, IA 50314	42-0680416	501(C)(3)	1,100.	0.			BUILDING FUTURES CAPITAL CAMPAIGN
CHILDREN & FAMILIES OF IOWA 1111 UNIVERSITY AVENUE DES MOINES, IA 50314	42-0680416	501(C)(3)	1,500.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
CHILDREN & FAMILIES OF IOWA 1111 UNIVERSITY AVENUE DES MOINES, IA 50314	42-0680416	501(C)(3)	2,500.	0.			\$1000 FOR OPERATIONS AND \$1500 FOR COUNSELING
CHILDREN & FAMILIES OF IOWA 1111 UNIVERSITY AVENUE DES MOINES, IA 50314	42-0680416	501(C)(3)	2,500.	0.			GRANT
CHILDREN & FAMILIES OF IOWA 1111 UNIVERSITY AVENUE DES MOINES, IA 50314	42-0680416	501(C)(3)	3,000.	0.			GRANT
CHILDREN & FAMILIES OF IOWA 1111 UNIVERSITY AVENUE DES MOINES, IA 50314	42-0680416	501(C)(3)	20,000.	0.			BUILDING FUTURES CAMPAIGN PLEDGE
CHILDREN & FAMILIES OF IOWA 1111 UNIVERSITY AVENUE DES MOINES, IA 50314	42-0680416	501(C)(3)	25,000.	0.			BUILDING FUTURES CAPITAL CAMPAIGN
CHILDREN AND FAMILY URBAN MINISTRIES - PO BOX 41125 - DES MOINES, IA 50311	42-1396833	501(C)(3)	100.	0.			GRANT
CHILDREN AND FAMILY URBAN MINISTRIES - PO BOX 41125 - DES MOINES, IA 50311	42-1396833	501(C)(3)	5,000.	0.			GRANT
CHILDSERVE PO BOX 707 JOHNSTON, IA 50131	42-1157665	501(C)(3)	25.	0.			GRANT
CHILDSERVE PO BOX 707 JOHNSTON, IA 50131	42-1157665	501(C)(3)	100.	0.			GRANT

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
CHILDSERVE PO BOX 707 JOHNSTON, IA 50131	42-1157665	501(C)(3)	500.	0.			BUBBLE BALL CONTRIBUTION
CHILDSERVE PO BOX 707 JOHNSTON, IA 50131	42-1157665	501(C)(3)	500.	0.			GRANT
CHILDSERVE PO BOX 707 JOHNSTON, IA 50131	42-1157665	501(C)(3)	1,000.	0.			CHILDSERVE
CHILDSERVE PO BOX 707 JOHNSTON, IA 50131	42-1157665	501(C)(3)	4,500.	0.			GRANT
CHILDVOICE INTERNATIONAL PO BOX 579 DURHAM, NH 03824	20-4644590	501(C)(3)	100.	0.			GRANT
CHILDVOICE INTERNATIONAL PO BOX 579 DURHAM, NH 03824	20-4644590	501(C)(3)	3,000.	0.			FUNDING FOR ONE HUT FOR NEW UGANDAN HOUSING CENTER
CHILDVOICE INTERNATIONAL PO BOX 579 DURHAM, NH 03824	20-4644590	501(C)(3)	18,000.	0.			GRANT
CHILDVOICE INTERNATIONAL PO BOX 579 DURHAM, NH 03824	20-4644590	501(C)(3)	50,000.	0.			GRANT
CHRIST THE KING CHURCH 5711 SW 9TH STREET DES MOINES, IA 50315	42-0722697	501(C)(3)	250.	0.			GUARDIAN ANGEL CLUB

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
CHRIST THE KING CHURCH 5711 SW 9TH STREET DES MOINES, IA 50315	42-0722697	501(C)(3)	500.	0.			GRANT
CHRIST THE KING CHURCH 5711 SW 9TH STREET DES MOINES, IA 50315	42-0722697	501(C)(3)	5,000.	0.			DEBT ELIMINATION PROGRAM
CHRIST THE KING CHURCH 5711 SW 9TH STREET DES MOINES, IA 50315	42-0722697	501(C)(3)	10,000.	0.			GRANT
CHRIST THE KING CHURCH 5711 SW 9TH STREET DES MOINES, IA 50315	42-0722697	501(C)(3)	14,708.	0.			GRANT
CHRYSALIS FOUNDATION 300 E LOCUST STREET, SUITE 150 DES MOINES, IA 50309	42-1337635	501(C)(3)	250.	0.			SUPPORTING INSPIRED EVENT
CHRYSALIS FOUNDATION 300 E LOCUST STREET, SUITE 150 DES MOINES, IA 50309	42-1337635	501(C)(3)	1,000.	0.			2012 INSPIRE
CHRYSALIS FOUNDATION 300 E LOCUST STREET, SUITE 150 DES MOINES, IA 50309	42-1337635	501(C)(3)	1,000.	0.			CHRYSALIS FOUNDATION
CHRYSALIS FOUNDATION 300 E LOCUST STREET, SUITE 150 DES MOINES, IA 50309	42-1337635	501(C)(3)	1,000.	0.			GRANT
CHRYSALIS FOUNDATION 300 E LOCUST STREET, SUITE 150 DES MOINES, IA 50309	42-1337635	501(C)(3)	1,000.	0.			GRANT

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
CHRYSLIS FOUNDATION 300 E LOCUST STREET, SUITE 150 DES MOINES, IA 50309	42-1337635	501(C)(3)	1,000.	0.			SUPPORTING INSPIRED EVENT
CHURCHES UNITED 2535 TECH DRIVE, #205 BETTENDORF, IA 52722	23-7331102	501(C)(3)	5,000.	0.			GRANT
CITY OF ALTA 223 MAIN STREET ALTA, IA 51002	42-6004207	170(B)	12,800.	0.			OUTDOOR WARNING SIRENS
CITY OF ALTOONA 407 8TH STREET SE ALTOONA, IA 50009	42-6004210	501(C)(3)	5,800.	0.			ALTOONA LEADERSHIP PROJECT
CITY OF AUBURN PO BOX 238 AUBURN, IA 51433	42-6004253	170(B)	5,000.	0.			ENLARGE CONCESSION STAND
CITY OF AURELIA PO BOX 328 AURELIA, IA 51005	42-1352566	170(B)	2,000.	0.			GRAIN BIN RESCUE
CITY OF AURELIA PO BOX 328 AURELIA, IA 51005	42-1352566	170(B)	7,500.	0.			THERMAL IMAGE CAM
CITY OF BELMOND 112 2ND AVENUE NE BELMOND, IA 50421	42-6004274	170(B)	3,300.	0.			DOG DAYS TRIATHLON EQUIPMENT
CITY OF BELMOND 112 2ND AVENUE NE BELMOND, IA 50421	42-6004274	170(B)	3,300.	0.			TRAIL RESTORATION

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
CITY OF BLOCKTON CITY HALL BLOCKTON, IA 50836	42-6004279	170(B)	1,300.	0.			TIRES AND NOZZLES FOR BACK-UP TANKER
CITY OF BLOCKTON CITY HALL BLOCKTON, IA 50836	42-6004279	170(B)	4,399.	0.			AUDIO/VISUAL EQUIPMENT
CITY OF BLOOMFIELD 111 W FRANKLIN STREET BLOOMFIELD, IA 52537-1615	42-6004281	170(B)	3,400.	0.			COPIER/ SCANNER/ PRINTER
CITY OF BLOOMFIELD 111 W FRANKLIN STREET BLOOMFIELD, IA 52537-1615	42-6004281	170(B)	4,500.	0.			RENOVATE BALL FIELD AT LAKE FISHER
CITY OF BLOOMFIELD 111 W FRANKLIN STREET BLOOMFIELD, IA 52537-1615	42-6004281	170(B)	7,000.	0.			COMPLETING THE INTERIOR OF THE STORAGE BUILDING
CITY OF BLOOMFIELD 111 W FRANKLIN STREET BLOOMFIELD, IA 52537-1615	42-6004281	170(B)	20,000.	0.			DOWNTOWN FACADE MAST PLAN
CITY OF BOONE 923 8TH STREET BOONE, IA 50036	42-6004291	501(C)(3)	5,000.	0.			THERMAL IMAGING CAMERA
CITY OF CARLISLE PO BOX 430 CARLISLE, IA 50047	42-6004318	170(B)	300.	0.			CARLISLE PUBLIC LIBRARY-SUMMER READING PROGRAM
CITY OF CARLISLE PO BOX 430 CARLISLE, IA 50047	42-6004318	170(B)	500.	0.			CARLISLE FIRE RESCUE- GAS METER

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
CITY OF CARLISLE PO BOX 430 CARLISLE, IA 50047	42-6004318	170(B)	979.	0.			LIBRARY SAFETY UPGRADE
CITY OF CARLISLE PO BOX 430 CARLISLE, IA 50047	42-6004318	170(B)	2,286.	0.			CARLISLE FIRE AND RESCUE
CITY OF CARLISLE PO BOX 430 CARLISLE, IA 50047	42-6004318	170(B)	5,000.	0.			FIREFIGHTER GEAR
CITY OF CASEY 610 ANTIQUE COUNTRY DRIVE CASEY, IA 50048-0178	42-0991959	170(B)	9,631.	0.			NEW SCBA FILL STATION
CITY OF CHURDAN 501 SAND STREET CHURDAN, IA 50050	42-6004375	170(B)	1,830.	0.			CHURDAN PUBLIC LIBRARY - LIGHTING UPDATE
CITY OF CHURDAN 501 SAND STREET CHURDAN, IA 50050	42-6004375	170(B)	3,175.	0.			CHURDAN FIRE AND RESCUE THERMAL IMAGING CAMERA
CITY OF CLEARFIELD 401 BROADWAY, SUITE 100 CLEARFIELD, IA 50840	42-0883646	170(B)	1,500.	0.			BOOKS AND SHELVING
CITY OF CLEARFIELD 401 BROADWAY, SUITE 100 CLEARFIELD, IA 50840	42-0883646	170(B)	1,500.	0.			RESET HEADSTONES
CITY OF CLEARFIELD 401 BROADWAY, SUITE 100 CLEARFIELD, IA 50840	42-0883646	170(B)	2,000.	0.			CHRISTMAS DECORATIONS

Schedule I (Form 990)



COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
CITY OF CLEARFIELD 401 BROADWAY, SUITE 100 CLEARFIELD, IA 50840	42-0883646	170(B)	3,000.	0.			MURAL
CITY OF COLLINS 212 MAIN STREET COLLINS, IA 50055	42-6004409	170(B)	6,000.	0.			WELLNESS CENTER
CITY OF CORWITH PO BOX 200 CORWITH, IA 50430	42-6004423	170(B)	1,420.	0.			LIBRARY LECTURE PROGRAMS
CITY OF CORWITH PO BOX 200 CORWITH, IA 50430	42-6004423	170(B)	4,099.	0.			HOME DEMOLITION
CITY OF CRYSTAL LAKE PO BOX 224 CRYSTAL LAKE, IA 50432	42-1026941	170(B)	5,000.	0.			NEW ROOF ON CITY HALL AND SENIOR CENTER
CITY OF DALLAS CENTER PO BOX 396 DALLAS CENTER, IA 50063	42-6004457	170(B)	5,000.	0.			HANDICAPPED ACCESSIBLE PLAYGROUND EQUIPMENT
CITY OF DES MOINES 400 ROBERT D. RAY DRIVE DES MOINES, IA 50309	42-6004514	170(B)	63.	0.			EVENT 7/21/12- SKATEPARK
CITY OF DES MOINES 400 ROBERT D. RAY DRIVE DES MOINES, IA 50309	42-6004514	170(B)	200.	0.			RIVER TRAIL FUND
CITY OF DES MOINES PARKS & RECREATION DEPT. DES MOINES, IA 50311	42-6004514	170(B)	20,000.	0.			INTERIOR FURNISHINGS OF GRANDVIEW/BRIGHT MUNICIPAL GOLF COURSE CLUBHOUSE

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
CITY OF DES MOINES 400 ROBERT D. RAY DRIVE DES MOINES, IA 50309	42-6004514	170(B)	39,688.	0.			INVOICE PKS-002319
CITY OF DES MOINES 400 ROBERT D. RAY DRIVE DES MOINES, IA 50309	42-6004514	170(B)	41,000.	0.			PEDESTRIAN TRAIL ON SOUTH SIDE
CITY OF EAGLE GROVE 210 E BROADWAY EAGLE GROVE, IA 50533	42-6004614	170(B)	300.	0.			EAGLE GROVE CHAMBER BOARD ROOM FURNITURE
CITY OF EAGLE GROVE 210 E BROADWAY EAGLE GROVE, IA 50533	42-6004614	170(B)	1,800.	0.			REPLACE AND UPDATE SAFETY EQUIPMENT
CITY OF EAGLE GROVE 210 E BROADWAY EAGLE GROVE, IA 50533	42-6004614	170(B)	3,000.	0.			CHAMBER LEMONADE STAND
CITY OF EAGLE GROVE 210 E BROADWAY EAGLE GROVE, IA 50533	42-6004614	170(B)	3,000.	0.			EAGLE GROVE EMS EQUIPMENT
CITY OF EAGLE GROVE 210 E BROADWAY EAGLE GROVE, IA 50533	42-6004614	170(B)	5,000.	0.			WE'VE GOT YOUR BACK...HELP SAVE OURS
CITY OF EARLY PO BOX 411 EARLY, IA 50535	42-6004619	170(B)	2,453.	0.			ENTRANCE SIGN
CITY OF EARLY PO BOX 411 EARLY, IA 50535	42-6004619	170(B)	5,000.	0.			REPLACING BALL FIELD LIGHTS AND FENCE

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
CITY OF EDDYVILLE PO BOX 36 EDDYVILLE, IA 52553	42-6004620	170(B)	10,000.	0.			CITY PARK SHELTER HOUSE
CITY OF ELLSWORTH 1551 DEWITT STREET ELLSWORTH, IA 50075	42-6004636	170(B)	5,290.	0.			LIBRARY WINDOW REPLACEMENT
CITY OF FAIRFIELD PO BOX 850 FAIRFIELD, IA 52556	42-6004655	170(B)	750.	0.			FAIRFIELD FIRE DEPARTMENT
CITY OF FAIRFIELD PO BOX 850 FAIRFIELD, IA 52556	42-6004655	170(B)	1,300.	0.			WATERING INFRASTRUCTURE FOR FAIRFIELD COMMUNITY ORCHARD
CITY OF FAIRFIELD PO BOX 850 FAIRFIELD, IA 52556	42-6004655	170(B)	5,996.	0.			COMMUNICATIONS CENTER
CITY OF FAIRFIELD PO BOX 850 FAIRFIELD, IA 52556	42-6004655	170(B)	6,595.	0.			ROOSEVELT AQUATIC CENTER
CITY OF GARNER 135 W 5TH STREET GARNER, IA 50438	42-6004700	170(B)	50.	0.			BOTTLED WATER/ICE FOR PLAY BALL! MINNESOTA YOUTH CLINIC
CITY OF GARNER 135 W 5TH STREET GARNER, IA 50438	42-6004700	170(B)	200.	0.			VETERANS MEMORIAL BASEBALL FIELD FENCING PROJECT
CITY OF GARNER 135 W 5TH STREET GARNER, IA 50438	42-6004700	170(B)	1,000.	0.			UNIFORMS FOR THE GARNER YOUTH BASEBALL/SOFTBALL PROGRAMS

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
CITY OF GARNER 135 W 5TH STREET GARNER, IA 50438	42-6004700	170(B)	6,000.	0.			RENOVATION OF EDUCATIONAL CENTER
CITY OF GILMORE CITY 304 S GILMORE STREET GILMORE CITY, IA 50541	42-6004705	170(B)	1,800.	0.			GILMORE CITY GARDEN CLUB
CITY OF GILMORE CITY 304 S GILMORE STREET GILMORE CITY, IA 50541	42-6004705	170(B)	4,024.	0.			TABLES AND CHAIRS CART
CITY OF GUTHRIE CENTER FOUNDATION 103 S 4TH STREET GUTHRIE CENTER, IA 50115	32-0178950	501(C)(3)	5,000.	0.			SEASONAL BANNERS
CITY OF HEDRICK 109 N MAIN STREET HEDRICK, IA 52563	42-6004771	170(B)	900.	0.			DVD AND AUDIO BOOK PROJECT
CITY OF HEDRICK 109 N MAIN STREET HEDRICK, IA 52563	42-6004771	170(B)	1,530.	0.			CEILING/ SIDE WALL/ STORM DOOR
CITY OF HEDRICK 109 N MAIN STREET HEDRICK, IA 52563	42-6004771	170(B)	2,000.	0.			ELECTRICAL UPGRADING
CITY OF HEDRICK 109 N MAIN STREET HEDRICK, IA 52563	42-6004771	170(B)	2,000.	0.			FIRE STATION ADDITION
CITY OF JACKSON PO BOX 242 JACKSON, MN 56143	41-6005262	170(B)	10,000.	0.			JACKSON VOLUNTEER FIRE & AMBULANCE SERVICE

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
CITY OF JEFFERSON 200 W LINCOLNWAY JEFFERSON, IA 50129	42-6004818	170(B)	2,224.	0.			IOWA BICYCLE FESTIVAL
CITY OF JEFFERSON 200 W LINCOLNWAY JEFFERSON, IA 50129	42-6004818	170(B)	3,373.	0.			JEFFERSON FIRE DEPARTMENT RADIOS AND PAGERS
CITY OF KESWICK PO BOX 124 KESWICK, IA 50136	42-6023960	170(B)	1,800.	0.			SHOP EQUIPMENT IMPROVEMENT
CITY OF KESWICK PO BOX 124 KESWICK, IA 50136	42-6023960	170(B)	3,600.	0.			EQUIPMENT/ PUBLIC BATHROOM
CITY OF LAKE CITY 105 N CENTER STREET LAKE CITY, IA 51449	42-6004850	170(B)	850.	0.			LAKE CITY PUBLIC LIBRARY
CITY OF LAKE CITY 105 N CENTER STREET LAKE CITY, IA 51449	42-6004850	170(B)	5,000.	0.			TOP RAIL SADDLE CLUB
CITY OF LAKE PARK 217 MARKET STREET LAKE PARK, IA 51347	42-6004855	501(C)(3)	10,000.	0.			CONCESSION STAND, RESTROOMS, AND STORAGE BUILDING
CITY OF LAKE PARK 217 MARKET STREET LAKE PARK, IA 51347	42-6004855	501(C)(3)	20,000.	0.			RENOVATIONS TO LAKE PARK POOL
CITY OF LAKE VIEW PO BOX 18 LAKE VIEW, IA 51450	42-6078435	170(B)	9,000.	0.			OUTLETS AND BENCHES

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
CITY OF LAKE VIEW PO BOX 18 LAKE VIEW, IA 51450	42-6078435	170(B)	16,500.	0.			PLAYGROUND EQUIPMENT
CITY OF LAURENS PO BOX 148 LAURENS, IA 50554	42-6004866	170(B)	1,550.	0.			COMPUTER, CART, AND PROGRAM
CITY OF LAURENS PO BOX 148 LAURENS, IA 50554	42-6004866	170(B)	3,945.	0.			2 COMPUTERS AND A PROJECTOR
CITY OF LE MARS 40 CENTRAL AVENUE SE LE MARS, IA 51031	42-6004872	170(B)	1,300.	0.			LAPTOP COMPUTER LAB
CITY OF LE MARS 40 CENTRAL AVENUE SE LE MARS, IA 51031	42-6004872	170(B)	2,600.	0.			TWO AED'S
CITY OF LE MARS 40 CENTRAL AVENUE SE LE MARS, IA 51031	42-6004872	170(B)	10,000.	0.			LIKE-PAK 15
CITY OF LENOX 101 N MAIN LENOX, IA 50851	42-6004878	170(B)	1,750.	0.			LENOX PUBLIC LIBRARY COMPUTER SERVER
CITY OF LENOX 101 N MAIN LENOX, IA 50851	42-6004878	170(B)	10,000.	0.			SPORTS FIELDS
CITY OF LOHRVILLE 605 2ND STREET LOHRVILLE, IA 51453	42-6004892	170(B)	1,850.	0.			LOHRVILLE VISIONS COMMITTEE

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
CITY OF LOHRVILLE 605 2ND STREET LOHRVILLE, IA 51453	42-6004892	170(B)	2,370.	0.			LOHRVILLE VOLUNTEER AMBULANCE SERVICE
CITY OF LOHRVILLE 605 2ND STREET LOHRVILLE, IA 51453	42-6004892	170(B)	4,112.	0.			VOLUNTEER FIRE DEPARTMENT
CITY OF LYNNVILLE, IOWA PO BOX 96 LYNNVILLE, IA 50153	42-6006448	170(B)	5,000.	0.			PUBLIC LIBRARY ACTIVITY CENTER
CITY OF MADRID 304 S WATER STREET MADRID, IA 50156	42-6004903	170(B)	5,000.	0.			EDGEWOOD PARK EXPANSION
CITY OF MADRID 304 S WATER STREET MADRID, IA 50156	42-6004903	170(B)	5,000.	0.			PICNIC TABLES AT TRAILHEAD PARK
CITY OF MANSON 1015 13TH STREET MANSON, IA 50563	42-6004920	170(B)	-2,500.	0.			MANSON PARK BOARD - RENOVATE FLORAL HALL
CITY OF MANSON 1015 13TH STREET MANSON, IA 50563	42-6004920	170(B)	390.	0.			MANSON PUBLIC LIBRARY
CITY OF MANSON 1015 13TH STREET MANSON, IA 50563	42-6004920	170(B)	1,485.	0.			SHADE STRUCTURES FOR AQUATIC CENTER
CITY OF MANSON 1015 13TH STREET MANSON, IA 50563	42-6004920	170(B)	2,425.	0.			HIGHWAY 20 SIGNAGE

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
CITY OF MANSON 1015 13TH STREET MANSON, IA 50563	42-6004920	170(B)	2,552.	0.			MANSON AMBULANCE SERVICE
CITY OF MANSON 1015 13TH STREET MANSON, IA 50563	42-6004920	170(B)	4,429.	0.			MANSON PARK BOARD
CITY OF MARATHON PO BOX 189 MARATHON, IA 50565	42-6004926	170(B)	5,000.	0.			FIREMAN MEMORIAL PARK
CITY OF MARCUS PO BOX 528 MARCUS, IA 51035	42-6004928	170(B)	3,680.	0.			DIGITAL CONVERSION
CITY OF MARCUS PO BOX 528 MARCUS, IA 51035	42-6004928	170(B)	5,000.	0.			PLANNING
CITY OF MARTINSBURG 405 CHURCH STREET MARTINSBURG, IA 52568	42-1186524	170(B)	5,000.	0.			STREETS/ USPS AREA
CITY OF MAXWELL 107 MAIN STREET MAXWELL, IA 50161	42-6004954	501(C)(3)	6,000.	0.			REVITALIZING THE MAXWELL CITY PARK SHELTER HOUSE
CITY OF MERRILL 321 4TH STREET MERRILL, IA 51038	42-6004963	170(B)	5,000.	0.			ROOFING
CITY OF MONROE 206 W SHERMAN MONROE, IA 50170	42-6004975	170(B)	2,000.	0.			CONCESSION STAND

Schedule I (Form 990)



COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
CITY OF MONROE 206 W SHERMAN MONROE, IA 50170	42-6004975	170(B)	4,000.	0.			PUBLIC LIBRARY UPGRADES
CITY OF MOUNT PLEASANT 220 W MONROE MT. PLEASANT, IA 52641	42-6004995	170(B)	7,500.	0.			OUTDOOR FITNESS EQUIPMENT
CITY OF NEVADA 935 LINCOLN HIGHWAY NEVADA, IA 50201	42-6005023	170(B)	174,413.	0.			FINAL DISBURSEMENT
CITY OF NEW VIRGINIA PO BOX 302 NEW VIRGINIA, IA 50210	42-0990900	170(B)	5,000.	0.			GERRY ALLEN MEMORIAL FLOOR FINISHING PROJECT
CITY OF NEW VIRGINIA PO BOX 302 NEW VIRGINIA, IA 50210	42-0990900	170(B)	5,000.	0.			GERRY ALLEN MEMORIAL PARK
CITY OF NEWELL 204 E 2ND STREET NEWELL, IA 50568	42-6005028	170(B)	5,000.	0.			NEW PLAYGROUND EQUIPMENT
CITY OF ODEBOLT PO BOX 433 ODEBOLT, IA 51458	42-6005057	170(B)	4,138.	0.			REPLACING ROOF
CITY OF ODEBOLT PO BOX 433 ODEBOLT, IA 51458	42-6005057	170(B)	4,555.	0.			REBUILDING INTERIOR WALLS
CITY OF ODEBOLT PO BOX 433 ODEBOLT, IA 51458	42-6005057	170(B)	4,559.	0.			RELOCATE PETERSON PIONEER HOME

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
CITY OF ODEBOLT PO BOX 433 ODEBOLT, IA 51458	42-6005057	170(B)	5,888.	0.			RESURFACING POOL DECK
CITY OF OGDEN PO BOX 694 OGDEN, IA 50212	42-6005060	170(B)	5,000.	0.			REPLACE 6 PICNIC TABLES
CITY OF OGDEN PO BOX 694 OGDEN, IA 50212	42-6005060	170(B)	5,000.	0.			REPLACE AMBULANCE COT
CITY OF OSAGE PO BOX 29 OSAGE, IA 50461-0029	42-6005073	170(B)	2,500.	0.			2 LAPTOPS FOR THE LIBRARY
CITY OF OSAGE PO BOX 29 OSAGE, IA 50461-0029	42-6005073	170(B)	5,000.	0.			TRAIL PROJECT
CITY OF OSKALOOSA 220 S MARKET STREET OSKALOOSA, IA 52577	42-6005086	170(B)	5,000.	0.			OSKALOOSA DOG PARK
CITY OF OSKALOOSA 220 S MARKET STREET OSKALOOSA, IA 52577	42-6005086	170(B)	5,000.	0.			POLICE DEPARTMENT STUDENT INTERNSHIPS
CITY OF OSKALOOSA 220 S MARKET STREET OSKALOOSA, IA 52577	42-6005086	170(B)	5,000.	0.			PUBLIC LIBRARY
CITY OF PANORA 501 E MARKET PANORA, IA 50216	42-6005111	170(B)	9,000.	0.			CONCRETE SURFACE FOR SEATING ON TOWN SQUARE

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
CITY OF POCAHONTAS PO BOX 69 POCAHONTAS, IA 50574	42-6005128	170(B)	600.	0.			INTERPRETIVE SIGN
CITY OF POCAHONTAS PO BOX 69 POCAHONTAS, IA 50574	42-6005128	170(B)	4,770.	0.			AUDIO BOOKS
CITY OF POCAHONTAS PO BOX 69 POCAHONTAS, IA 50574	42-6005128	170(B)	5,800.	0.			COMPUTERS
CITY OF QUIMBY 120 N MAIN STREET QUIMBY, IA 51049	42-0892695	170(B)	5,000.	0.			WATER TANK RESTORATION
CITY OF REMSEN 109 FULTON STREET REMSSEN, IA 51050	42-6005149	170(B)	10,000.	0.			GOLF COURSE
CITY OF RENWICK PO BOX 115 RENWICK, IA 50577	42-6005150	170(B)	300.	0.			PLAYGROUND EQUIPMENT
CITY OF RENWICK PO BOX 115 RENWICK, IA 50577	42-6005150	170(B)	10,000.	0.			PLAYGROUND EQUIPMENT
CITY OF RICEVILLE PO BOX 256 RICEVILLE, IA 50466	42-6005151	170(B)	500.	0.			UPDATE OF EDUCATIONAL CENTERS
CITY OF RICEVILLE PO BOX 256 RICEVILLE, IA 50466	42-6005151	170(B)	1,500.	0.			FIRE DEPARTMENT EQUIPMENT

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
CITY OF RICEVILLE PO BOX 256 RICEVILLE, IA 50466	42-6005151	170(B)	4,000.	0.			EQUIPMENT UPDATE
CITY OF RICHLAND PO BOX 292 RICHLAND, IA 52585	42-6005152	170(B)	1,000.	0.			COMMUNITY MEDIA
CITY OF RICHLAND PO BOX 292 RICHLAND, IA 52585	42-6005152	170(B)	4,400.	0.			CYPRESS VILLAGE HOUSING
CITY OF ROCKWELL CITY 335 MAIN STREET ROCKWELL CITY, IA 50579	42-6005167	170(B)	291.	0.			BALANCE OF GRANT: ROCKWELL CITY CHAMBER FOR 4TH STREET PARK PROJECT
CITY OF ROCKWELL CITY 335 MAIN STREET ROCKWELL CITY, IA 50579	42-6005167	170(B)	600.	0.			PUBLIC LIBRARY
CITY OF ROCKWELL CITY 335 MAIN STREET ROCKWELL CITY, IA 50579	42-6005167	170(B)	1,121.	0.			MOBILE AND HANDHELD RADIOS
CITY OF ROCKWELL CITY 335 MAIN STREET ROCKWELL CITY, IA 50579	42-6005167	170(B)	3,144.	0.			ROCKWELL CITY REVITALIZATION
CITY OF ROCKWELL CITY 335 MAIN STREET ROCKWELL CITY, IA 50579	42-6005167	170(B)	3,395.	0.			COMMUNICATION EQUIPMENT FOR FIRE DEPARTMENT
CITY OF ROCKWELL CITY 335 MAIN STREET ROCKWELL CITY, IA 50579	42-6005167	170(B)	5,000.	0.			CHAMBER AND DEVELOPMENT

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
CITY OF ROLFE 319 GARFIELD STREET ROLFE, IA 50581	42-6005172	170(B)	1,855.	0.			FENCE, ANNOUNCEMENT STAND, PA, AND CONCESSION WARMER
CITY OF ROLFE 319 GARFIELD STREET ROLFE, IA 50581	42-6005172	170(B)	1,978.	0.			2 COMPUTERS
CITY OF ROLFE 319 GARFIELD STREET ROLFE, IA 50581	42-6005172	170(B)	4,595.	0.			POOL LIFT
CITY OF SAC CITY PO BOX 37 SAC CITY, IA 50583	42-6005178	170(B)	703.	0.			COMMUNITY ORGANIZATIONAL SIGNS
CITY OF SAC CITY PO BOX 37 SAC CITY, IA 50583	42-6005178	170(B)	7,265.	0.			2 ENTRY WAY SIGNS
CITY OF SCHALLER PO BOX 427 SCHALLER, IA 51053	42-6005186	170(B)	4,417.	0.			ADA POOL LIFT
CITY OF SCHALLER PO BOX 427 SCHALLER, IA 51053	42-6005186	170(B)	15,000.	0.			FILTERING SYSTEM FOR POOL
CITY OF SHERBURN 21 E. FIRST STREET PO BOX 667 SHERBURN, MN 56171	26-3424570	170(B)	5,000.	0.			SHERBURN AREA TASK FORCE
CITY OF SIGOURNEY 720 E JACKSON STREET SIGOURNEY, IA 52591	42-6005215	170(B)	1,000.	0.			UPDATED AUTOMATION SYSTEM

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
CITY OF SIGOURNEY 720 E JACKSON STREET SIGOURNEY, IA 52591	42-6005215	170(B)	5,000.	0.			TACTICAL VESTS
CITY OF SOUTH ENGLISH PO BOX 162 SOUTH ENGLISH, IA 52335	42-1186067	170(B)	3,000.	0.			AUTOMATION AND SUMMER PROG.
CITY OF SOUTH ENGLISH PO BOX 162 SOUTH ENGLISH, IA 52335	42-1186067	170(B)	4,500.	0.			FOLDING CHAIR REPLACEMENT
CITY OF ST. ANSGAR PO BOX 307 ST. ANSGAR, IA 50472	42-6005184	170(B)	500.	0.			FLAG POLE AT THE LIBRARY
CITY OF ST. ANSGAR PO BOX 307 ST. ANSGAR, IA 50472	42-6005184	170(B)	3,000.	0.			PLAYGROUND EQUIPMENT- ANGEL PARK
CITY OF ST. ANSGAR PO BOX 307 ST. ANSGAR, IA 50472	42-6005184	170(B)	4,780.	0.			WALKING TRAIL LIGHT
CITY OF ST. ANSGAR PO BOX 307 ST. ANSGAR, IA 50472	42-6005184	170(B)	5,000.	0.			REPLACE THE BAND SHELL
CITY OF STACYVILLE INC. PO BOX 184 STACYVILLE, IA 50476	42-6005245	170(B)	-3,000.	0.			HOMEBUYER ASSISTANCE & REHABILITATION PROGRAM
CITY OF STACYVILLE INC. PO BOX 184 STACYVILLE, IA 50476	42-6005245	170(B)	998.	0.			DESK COMPUTER

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
CITY OF STACYVILLE INC. PO BOX 184 STACYVILLE, IA 50476	42-6005245	170(B)	3,000.	0.			PLAYZONE PROJECT
CITY OF STACYVILLE INC. PO BOX 184 STACYVILLE, IA 50476	42-6005245	170(B)	4,500.	0.			PROJECT PLAY ZONE
CITY OF STANHOPE PO BOX 67 STANHOPE, IA 50246	42-6005246	170(B)	5,800.	0.			STANHOPE DEVELOPMENT GROUP
CITY OF SWAN 104 CHURCH STREET SWAN, IA 50252	42-1203428	501(C)(3)	16,843.	0.			SWAN VETERANS MEMORIAL
CITY OF THORNBURG PO BOX 124 THORNBURG, IA 50255	06-1805797	170(B)	5,000.	0.			STREET REPAIR 2012
CITY OF WALL LAKE 209 W 2ND STREET WALL LAKE, IA 51466	42-6005309	170(B)	5,000.	0.			LOCKER ROOM PROJECT
CITY OF WALL LAKE 209 W 2ND STREET WALL LAKE, IA 51466	42-6005309	170(B)	8,016.	0.			REMODEL BATHROOM
CITY OF WALL LAKE 209 W 2ND STREET WALL LAKE, IA 51466	42-6005309	170(B)	13,560.	0.			NEW LAMP POSTS AND LIGHTS
CITY OF WAUKEE WAUKEE CITY HALL WAUKEE, IA 50263	42-6006605	170(B)	2,000.	0.			BIOGRAPHY AND MEMOIRS SELECTIONS

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
CITY OF WAUKEE WAUKEE CITY HALL WAUKEE, IA 50263	42-6006605	170(B)	3,650.	0.			OPTICAL PREEMPTION LIGHTS FOR AMBULANCES
CITY OF WAYLAND 102 N JACKSON WAYLAND, IA 52654	42-6036095	170(B)	2,500.	0.			YOUTH CENTER ROOF REPAIR
CITY OF WAYLAND 102 N JACKSON WAYLAND, IA 52654	42-6036095	170(B)	5,000.	0.			PLAYGROUND EQUIPMENT REPLACEMENT
CITY OF WEST DES MOINES PO BOX 65320 WEST DES MOINES, IA 50265-0320	42-6005359	170(B)	1,178.	0.			SUMMER INTERN COST SHARE-SARA NIELAND
CITY OF WEST DES MOINES PO BOX 65320 WEST DES MOINES, IA 50265-0320	42-6005359	170(B)	5,000.	0.			YOUTH JUSTICE INITIATIVE
CITY OF WESTBROOK 556 1ST AVENUE WESTBROOK, MN 56183	41-6005636	501(C)(3)	5,000.	0.			SWIMMING POOL - FILTER SYSTEM UPGRADE
CITY OF WILLIAMS WILLIAMS PARK BOARD WILLIAMS, IA 50271	42-6005373	170(B)	1,000.	0.			PROJECT
CITY OF WILLIAMS WILLIAMS PARK BOARD WILLIAMS, IA 50271	42-6005373	170(B)	1,590.	0.			WILLIAMS PARK BOARD
CITY OF WILLIAMS WILLIAMS PARK BOARD WILLIAMS, IA 50271	42-6005373	170(B)	5,000.	0.			COMMUNITY CENTER IMPROVEMENTS

Schedule I (Form 990)



COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
CITY OF WINTERSET CITY HALL WINTERSET, IA 50273	42-6005379	170(B)	2,000.	0.			GOLF CART TO WATER PLANTS
CITY OF WINTERSET CITY HALL WINTERSET, IA 50273	42-6005379	170(B)	4,500.	0.			PARKS AND REC- NEW PLAYGROUND EQUIPMENT
CITY OF WODEN PO BOX 71 WODEN, IA 50484	42-1046371	170(B)	6,000.	0.			NEW FIRE TRUCK
CLARINDA FOUNDATION, INC. PO BOX 273 CLARINDA, IA 51632	42-1285187	501(C)(3)	25,000.	0.			2012 GRANTS
CLEARVIEW RECOVERY INC. 501 N SHERMAN PRAIRIE CITY, IA 50228	20-2279072	501(C)(3)	5,617.	0.			KITCHEN UPDATES
COLLEGIATE PRESBYTERIAN CHURCH 159 N SHELDON AVENUE AMES, IA 50014	42-0698280	501(C)(3)	913.	0.			OPERATING BUDGET
COLLEGIATE PRESBYTERIAN CHURCH 159 N SHELDON AVENUE AMES, IA 50014	42-0698280	501(C)(3)	1,070.	0.			OPERATING BUDGET
COLLEGIATE PRESBYTERIAN CHURCH 159 N SHELDON AVENUE AMES, IA 50014	42-0698280	501(C)(3)	2,498.	0.			OPERATING BUDGET
COLLEGIATE PRESBYTERIAN CHURCH 159 N SHELDON AVENUE AMES, IA 50014	42-0698280	501(C)(3)	16,473.	0.			OPERATING BUDGET

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
COLORADO COLLEGE 14 E CACHE LA POUDRE STREET COLORADO SPRINGS, CO 80903	84-0402510	501(C)(3)	2,500.	0.			2012 CONTRIBUTION
COLORADO COLLEGE 14 E CACHE LA POUDRE STREET COLORADO SPRINGS, CO 80903	84-0402510	501(C)(3)	5,000.	0.			CONTRIBUTION ON BEHALF OF J. TULLY AND PATRICIA A. BRAGG
COLORADO COLLEGE 14 E CACHE LA POUDRE STREET COLORADO SPRINGS, CO 80903	84-0402510	501(C)(3)	6,250.	0.			ON BEHALF OF MICHELLE AND PAUL COWNIE
COMMUNITY FOUNDATION FACILITY FUND 1915 GRAND AVENUE DES MOINES, IA 50309	42-6139033	501(C)(3)	5,000.	0.			COMMITMENT TO COMMUNITY FOUNDATION FINKBINE MANSION FACILITY FUND
COMMUNITY FOUNDATION OF GREATER DES MOINES - 1915 GRAND AVENUE - DES MOINES, IA 50309	42-6139033	501(C)(3)	100.	0.			GRANT
COMMUNITY FOUNDATION OF GREATER DES MOINES - 1915 GRAND AVENUE - DES MOINES, IA 50309	42-6139033	501(C)(3)	5,000.	0.			FINKBINE MANSION RESTORATION CAMPAIGN
COMMUNITY FOUNDATION PROGRAM FUNDS 1915 GRAND AVENUE DES MOINES, IA 50309	42-6139033	501(C)(3)	108,640.	0.			ANNUAL TRANSFER
COMMUNITY LEGACY MATTERS, INC. PO BOX 12035 DES MOINES, IA 50312	20-8173787	509 (A) (2)	10,659.	0.			FUND DISTRIBUTION
CONGREGATIONAL UNITED CHURCH OF CHRIST - 308 E 2ND STREET N - NEWTON, IA 50208	42-0717129	501(C)(3)	20,000.	0.			GRANT

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
CONNECTING KIDS & CULTURE FUND 1915 GRAND AVENUE DES MOINES, IA 50309	42-6139033	501(C)(3)	5,175.	0.			GRANT
CONNECTING KIDS & CULTURE FUND 1915 GRAND AVENUE DES MOINES, IA 50309	42-6139033	501(C)(3)	80,000.	0.			GRANT
CORWITH-WESLEY COMMUNITY SCHOOL DISTRICT - PO BOX 220 - CORWITH, IA 50430	42-6001267	501(C)(3)	2,500.	0.			ENHANCING STUDENT PROGRAMS
CORWITH-WESLEY COMMUNITY SCHOOL DISTRICT - PO BOX 220 - CORWITH, IA 50430	42-6001267	501(C)(3)	6,000.	0.			TECHNOLOGY EQUIPMENT
CREATIVE VISIONS 1343 13TH STREET DES MOINES, IA 50314	42-1461559	501(C)(3)	5,000.	0.			CONTRIBUTION
CREIGHTON UNIVERSITY DEVELOPMENT OFFICE OMAHA, NE 68178	47-0376583	501(C)(3)	25,000.	0.			SCHOLARSHIP
DALLAS COUNTY CONSERVATION BOARD 14581 K AVENUE PERRY, IA 50220	42-6004172	170(B)	20,000.	0.			CONSTRUCT 33 MILE RACCOON VALLEY TRAIL
DANA RAMUNDT INSURANCE EDUCATION FOUNDATION FUND - 1915 GRAND AVENUE - DES MOINES, IA 50309	42-6139033	501(C)(3)	104.	0.			GRANT
DANA RAMUNDT INSURANCE EDUCATION FOUNDATION FUND - 1915 GRAND AVENUE - DES MOINES, IA 50309	42-6139033	501(C)(3)	262.	0.			GRANT

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
DANA RAMUNDT INSURANCE EDUCATION FOUNDATION FUND - 1915 GRAND AVENUE - DES MOINES, IA 50309	42-6139033	501(C)(3)	11,727.	0.			GRANT
DANISH VILLAGES GREAT PLACES PO BOX 120 ELK HORN, IA 51531	45-2346035	501(C)(3)	12,500.	0.			KIMBALLTON TRAIL - JENSEN CONSTRUCTION COMPANY
DANISH VILLAGES GREAT PLACES PO BOX 120 ELK HORN, IA 51531	45-2346035	501(C)(3)	12,500.	0.			KIMBALLTON TRAIL - JENSEN CONSTRUCTION COMPANY
DAVIS COUNTY BOARD OF SUPERVISORS BLOOMFIELD, IA 52537	42-6004282	170(B)	3,500.	0.			TOURISM DEVELOPMENT AND PROMOTION
DAVIS COUNTY BOARD OF SUPERVISORS BLOOMFIELD, IA 52537	42-6004282	170(B)	6,800.	0.			BUILDING A COMMUNITY GARDEN
DAVIS COUNTY COURTHOUSE PRESERVATION FUND - PO BOX 136 - BLOOMFIELD, IA 52537	20-3843699	501(C)(3)	21,000.	0.			CLOCK AND BELL REHABILITATION/UPGRADE
DELTA DENTAL OF IOWA FUND 1915 GRAND AVENUE DES MOINES, IA 50309	42-6139033	501(C)(3)	5,000.	0.			PRINCIPAL PAYMENT FOR DR. PYFFEROEN ID#F800886699
DELTA DENTAL OF IOWA FUND 1915 GRAND AVENUE DES MOINES, IA 50309	42-6139033	501(C)(3)	10,000.	0.			GRANT
DELTA DENTAL OF IOWA FUND 1915 GRAND AVENUE DES MOINES, IA 50309	42-6139033	501(C)(3)	18,500.	0.			GRANT

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
DELTA DENTAL OF IOWA FUND 1915 GRAND AVENUE UTICA, NY 13504	42-6139033	501(C)(3)	25,000.	0.			GRANT
DES MOINES AREA COMMUNITY COLLEGE 2006 S ANKENY BOULEVARD ANKENY, IA 50021	42-0926354	501(C)(3)	5,000.	0.			OPPORTUNITY IOWA PROJECT
DES MOINES AREA COMMUNITY COLLEGE 2006 S ANKENY BOULEVARD ANKENY, IA 50021	42-0926354	501(C)(3)	600,000.	0.			FOR PROPERTY CLOSING
DES MOINES AREA RELIGIOUS COUNCIL 3816 36TH STREET, SUITE 202 DES MOINES, IA 50310	42-0788211	501(C)(3)	100.	0.			FEINSTEIN CHALLENGE CONTRIBUTION
DES MOINES AREA RELIGIOUS COUNCIL 3816 36TH STREET, SUITE 202 DES MOINES, IA 50310	42-0788211	501(C)(3)	100.	0.			IN HONOR OF THE MARRIAGE OF ERIC CARLSON AND KRISTI GENTRY
DES MOINES AREA RELIGIOUS COUNCIL 3816 36TH STREET, SUITE 202 DES MOINES, IA 50310	42-0788211	501(C)(3)	168.	0.			URBANDALE FOOD PANTRY
DES MOINES AREA RELIGIOUS COUNCIL 3816 36TH STREET, SUITE 202 DES MOINES, IA 50310	42-0788211	501(C)(3)	500.	0.			DONATION
DES MOINES AREA RELIGIOUS COUNCIL 3816 36TH STREET, SUITE 202 DES MOINES, IA 50310	42-0788211	501(C)(3)	500.	0.			DONATION
DES MOINES AREA RELIGIOUS COUNCIL 3816 36TH STREET, SUITE 202 DES MOINES, IA 50310	42-0788211	501(C)(3)	1,000.	0.			FOR THE FOOD PANTRY

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
DES MOINES AREA RELIGIOUS COUNCIL 3816 36TH STREET, SUITE 202 DES MOINES, IA 50310	42-0788211	501(C)(3)	1,000.	0.			GRANT
DES MOINES AREA RELIGIOUS COUNCIL 3816 36TH STREET, SUITE 202 DES MOINES, IA 50310	42-0788211	501(C)(3)	1,000.	0.			GRANT
DES MOINES AREA RELIGIOUS COUNCIL 3816 36TH STREET, SUITE 202 DES MOINES, IA 50310	42-0788211	501(C)(3)	1,050.	0.			FOOD PANTRY IN HONOR OF 50TH BIRTHDAY OF RHONDA FINGERMAN
DES MOINES AREA RELIGIOUS COUNCIL 3816 36TH STREET, SUITE 202 DES MOINES, IA 50310	42-0788211	501(C)(3)	1,500.	0.			GRANT
DES MOINES AREA RELIGIOUS COUNCIL 3816 36TH STREET, SUITE 202 DES MOINES, IA 50310	42-0788211	501(C)(3)	5,000.	0.			GRANT FOR THE AREAS OF GREATEST NEED
DES MOINES AREA RELIGIOUS COUNCIL 3816 36TH STREET, SUITE 202 DES MOINES, IA 50310	42-0788211	501(C)(3)	9,426.	0.			PURCHASE OF FOOD
DES MOINES AREA RELIGIOUS COUNCIL 3816 36TH STREET, SUITE 202 DES MOINES, IA 50310	42-0788211	501(C)(3)	10,000.	0.			FOOD PANTRY NETWORK RECAP PROJECT
DES MOINES ART CENTER 4700 GRAND AVENUE DES MOINES, IA 50312	42-0680419	501(C)(3)	100.	0.			GRANT
DES MOINES ART CENTER 4700 GRAND AVENUE DES MOINES, IA 50312	42-0680419	501(C)(3)	110.	0.			ANNUAL MEMBERSHIP - CONTRIBUTOR-DAN AND KERRI JOHANNSEN

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
DES MOINES ART CENTER 4700 GRAND AVENUE DES MOINES, IA 50312	42-0680419	501(C)(3)	110.	0.			CONTRIBUTOR SUPPORT
DES MOINES ART CENTER 4700 GRAND AVENUE DES MOINES, IA 50312	42-0680419	501(C)(3)	110.	0.			DEVELOPMENT
DES MOINES ART CENTER 4700 GRAND AVENUE DES MOINES, IA 50312	42-0680419	501(C)(3)	200.	0.			ANNUAL GIVING
DES MOINES ART CENTER 4700 GRAND AVENUE DES MOINES, IA 50312	42-0680419	501(C)(3)	500.	0.			CONTRIBUTION IN LIEU OF GALA TICKETS
DES MOINES ART CENTER 4700 GRAND AVENUE DES MOINES, IA 50312	42-0680419	501(C)(3)	500.	0.			GALA CONTRIBUTION FOR MR. AND MRS. WILL FRIEDMAN JR.
DES MOINES ART CENTER 4700 GRAND AVENUE DES MOINES, IA 50312	42-0680419	501(C)(3)	500.	0.			GRANT
DES MOINES ART CENTER 4700 GRAND AVENUE DES MOINES, IA 50312	42-0680419	501(C)(3)	500.	0.			GRANT
DES MOINES ART CENTER 4700 GRAND AVENUE DES MOINES, IA 50312	42-0680419	501(C)(3)	1,000.	0.			2012 GALA
DES MOINES ART CENTER 4700 GRAND AVENUE DES MOINES, IA 50312	42-0680419	501(C)(3)	1,000.	0.			DIRECTOR'S CIRCLE

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
DES MOINES ART CENTER 4700 GRAND AVENUE DES MOINES, IA 50312	42-0680419	501(C)(3)	1,000.	0.			DIRECTOR'S CIRCLE BENEFACTOR CONTRIBUTION
DES MOINES ART CENTER 4700 GRAND AVENUE DES MOINES, IA 50312	42-0680419	501(C)(3)	1,000.	0.			DIRECTOR'S CIRCLE MEMBERSHIP
DES MOINES ART CENTER 4700 GRAND AVENUE DES MOINES, IA 50312	42-0680419	501(C)(3)	1,000.	0.			GRANT
DES MOINES ART CENTER 4700 GRAND AVENUE DES MOINES, IA 50312	42-0680419	501(C)(3)	1,000.	0.			GRANT
DES MOINES ART CENTER 4700 GRAND AVENUE DES MOINES, IA 50312	42-0680419	501(C)(3)	1,500.	0.			SUPPORT PROGRAMS
DES MOINES ART CENTER 4700 GRAND AVENUE DES MOINES, IA 50312	42-0680419	501(C)(3)	2,305.	0.			TAX DEDUCTIBLE PORTION FOR THE GALA
DES MOINES ART CENTER 4700 GRAND AVENUE DES MOINES, IA 50312	42-0680419	501(C)(3)	2,500.	0.			ANNUAL GIFT
DES MOINES ART CENTER 4700 GRAND AVENUE DES MOINES, IA 50312	42-0680419	501(C)(3)	2,500.	0.			ART CENTER GALA PATRON
DES MOINES ART CENTER 4700 GRAND AVENUE DES MOINES, IA 50312	42-0680419	501(C)(3)	2,650.	0.			TRUSTEE GIFTS -- MICHELE

Schedule I (Form 990)



COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
DES MOINES ART CENTER 4700 GRAND AVENUE DES MOINES, IA 50312	42-0680419	501(C)(3)	5,000.	0.			GRANT
DES MOINES ART CENTER 4700 GRAND AVENUE DES MOINES, IA 50312	42-0680419	501(C)(3)	5,000.	0.			GRANT
DES MOINES ART CENTER 4700 GRAND AVENUE DES MOINES, IA 50312	42-0680419	501(C)(3)	5,000.	0.			GRANT
DES MOINES ART CENTER 4700 GRAND AVENUE DES MOINES, IA 50312	42-0680419	501(C)(3)	5,000.	0.			PACESETTER CONTRIBUTION
DES MOINES ART CENTER 4700 GRAND AVENUE DES MOINES, IA 50312	42-0680419	501(C)(3)	6,150.	0.			ANNUAL GRANT
DES MOINES ART CENTER 4700 GRAND AVENUE DES MOINES, IA 50312	42-0680419	501(C)(3)	7,500.	0.			GRANT
DES MOINES ART CENTER 4700 GRAND AVENUE DES MOINES, IA 50312	42-0680419	501(C)(3)	10,000.	0.			GRANT
DES MOINES ART CENTER 4700 GRAND AVENUE DES MOINES, IA 50312	42-0680419	501(C)(3)	20,000.	0.			HANDS ON DES MOINES
DES MOINES CHRISTIAN SCHOOL 13007 DOUGLAS PARKWAY, #200 URBANDALE, IA 50323	42-1193639	501(C)(3)	1,000.	0.			DMC MISSION FUND DMC MISSION FUND DMC MISSION FUND

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
DES MOINES CHRISTIAN SCHOOL 13007 DOUGLAS PARKWAY, #200 URBANDALE, IA 50323	42-1193639	501(C)(3)	1,271.	0.			FALL ALLOCATION 2012-2013
DES MOINES CHRISTIAN SCHOOL 13007 DOUGLAS PARKWAY, #200 URBANDALE, IA 50323	42-1193639	501(C)(3)	2,000.	0.			BEREAVEMENT SCHOLARSHIP FUND
DES MOINES CHRISTIAN SCHOOL 13007 DOUGLAS PARKWAY, #200 URBANDALE, IA 50323	42-1193639	501(C)(3)	2,500.	0.			HONDURAS MISSION TRIP
DES MOINES CHRISTIAN SCHOOL 13007 DOUGLAS PARKWAY, #200 URBANDALE, IA 50323	42-1193639	501(C)(3)	3,500.	0.			GIVEN AS A CHRISTMAS GIFT FROM SAMUEL RASMUSSEN OF 5246 72ND AVE., JOHNSTON, IA 50131
DES MOINES CHRISTIAN SCHOOL 13007 DOUGLAS PARKWAY, #200 URBANDALE, IA 50323	42-1193639	501(C)(3)	36,850.	0.			SOFTBALL/BASEBALL FIELDS SPRINKLERS
DES MOINES CHRISTIAN SCHOOL 13007 DOUGLAS PARKWAY, #200 URBANDALE, IA 50323	42-1193639	501(C)(3)	50,000.	0.			CAPITAL CAMPAIGN FUND
DES MOINES COMMUNITY PLAYHOUSE 831 42ND STREET DES MOINES, IA 50312-2613	42-0710259	501(C)(3)	140.	0.			ANNUAL GIVING
DES MOINES COMMUNITY PLAYHOUSE 831 42ND STREET DES MOINES, IA 50312-2613	42-0710259	501(C)(3)	300.	0.			DONATION
DES MOINES COMMUNITY PLAYHOUSE 831 42ND STREET DES MOINES, IA 50312-2613	42-0710259	501(C)(3)	500.	0.			GRANT

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
DES MOINES COMMUNITY PLAYHOUSE 831 42ND STREET DES MOINES, IA 50312-2613	42-0710259	501(C)(3)	500.	0.			GRANT
DES MOINES COMMUNITY PLAYHOUSE 831 42ND STREET DES MOINES, IA 50312-2613	42-0710259	501(C)(3)	1,000.	0.			ANNUAL DONATION
DES MOINES COMMUNITY PLAYHOUSE 831 42ND STREET DES MOINES, IA 50312-2613	42-0710259	501(C)(3)	1,000.	0.			GRANT
DES MOINES COMMUNITY PLAYHOUSE 831 42ND STREET DES MOINES, IA 50312-2613	42-0710259	501(C)(3)	1,000.	0.			HOLLYWOOD HALLOWEEN
DES MOINES COMMUNITY PLAYHOUSE 831 42ND STREET DES MOINES, IA 50312-2613	42-0710259	501(C)(3)	2,500.	0.			BETTER TOGETHER AWARD
DES MOINES COMMUNITY PLAYHOUSE 831 42ND STREET DES MOINES, IA 50312-2613	42-0710259	501(C)(3)	2,500.	0.			GRANT
DES MOINES COMMUNITY PLAYHOUSE 831 42ND STREET DES MOINES, IA 50312-2613	42-0710259	501(C)(3)	2,500.	0.			GRANT
DES MOINES COMMUNITY PLAYHOUSE 831 42ND STREET DES MOINES, IA 50312-2613	42-0710259	501(C)(3)	5,000.	0.			GRANT
DES MOINES COMMUNITY PLAYHOUSE 831 42ND STREET DES MOINES, IA 50312-2613	42-0710259	501(C)(3)	6,000.	0.			\$1,000 IS TO PLAYHOUSE ANNUAL FUND, \$5,000 IS TO CAPITAL CAMPAIGN

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
DES MOINES COMMUNITY PLAYHOUSE 831 42ND STREET DES MOINES, IA 50312-2613	42-0710259	501(C)(3)	10,000.	0.			GRANT
DES MOINES COMMUNITY PLAYHOUSE 831 42ND STREET DES MOINES, IA 50312-2613	42-0710259	501(C)(3)	10,000.	0.			GRANT
DES MOINES COMMUNITY PLAYHOUSE 831 42ND STREET DES MOINES, IA 50312-2613	42-0710259	501(C)(3)	20,000.	0.			GRANT
DES MOINES COMMUNITY PLAYHOUSE 831 42ND STREET DES MOINES, IA 50312-2613	42-0710259	501(C)(3)	20,000.	0.			GRANT
DES MOINES COMMUNITY PLAYHOUSE 831 42ND STREET DES MOINES, IA 50312-2613	42-0710259	501(C)(3)	20,000.	0.			GRANT
DES MOINES COMMUNITY PLAYHOUSE 831 42ND STREET DES MOINES, IA 50312-2613	42-0710259	501(C)(3)	20,000.	0.			GRANT
DES MOINES COMMUNITY PLAYHOUSE 831 42ND STREET DES MOINES, IA 50312-2613	42-0710259	501(C)(3)	20,000.	0.			GRANT
DES MOINES COMMUNITY PLAYHOUSE 831 42ND STREET DES MOINES, IA 50312-2613	42-0710259	501(C)(3)	50,000.	0.			GRANT
DES MOINES METRO OPERA, INC. 106 W BOSTON AVENUE INDIANOLA, IA 50125	23-7319903	501(C)(3)	200.	0.			GRANT

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
DES MOINES METRO OPERA, INC. 106 W BOSTON AVENUE INDIANOLA, IA 50125	23-7319903	501(C)(3)	300.	0.			GRANT
DES MOINES METRO OPERA, INC. 106 W BOSTON AVENUE INDIANOLA, IA 50125	23-7319903	501(C)(3)	1,000.	0.			ANNUAL CONTRIBUTION
DES MOINES METRO OPERA, INC. 106 W BOSTON AVENUE INDIANOLA, IA 50125	23-7319903	501(C)(3)	1,500.	0.			ECONOMIC IMPACT STUDY
DES MOINES METRO OPERA, INC. 106 W BOSTON AVENUE INDIANOLA, IA 50125	23-7319903	501(C)(3)	2,000.	0.			WINE & FOOD SHOWCASE
DES MOINES METRO OPERA, INC. 106 W BOSTON AVENUE INDIANOLA, IA 50125	23-7319903	501(C)(3)	2,500.	0.			EVENT SPONSORSHIPS
DES MOINES METRO OPERA, INC. 106 W BOSTON AVENUE INDIANOLA, IA 50125	23-7319903	501(C)(3)	2,500.	0.			GRANT
DES MOINES METRO OPERA, INC. 106 W BOSTON AVENUE INDIANOLA, IA 50125	23-7319903	501(C)(3)	3,000.	0.			GRANT
DES MOINES METRO OPERA, INC. 106 W BOSTON AVENUE INDIANOLA, IA 50125	23-7319903	501(C)(3)	5,000.	0.			CONTRIBUTION
DES MOINES METRO OPERA, INC. 106 W BOSTON AVENUE INDIANOLA, IA 50125	23-7319903	501(C)(3)	5,000.	0.			GRANT

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
DES MOINES METRO OPERA, INC. 106 W BOSTON AVENUE INDIANOLA, IA 50125	23-7319903	501(C)(3)	10,000.	0.			OPERATING CONTRIBUTION
DES MOINES METRO OPERA, INC. 106 W BOSTON AVENUE INDIANOLA, IA 50125	23-7319903	501(C)(3)	10,000.	0.			ROBERT L. LARSEN ENDOWMENT
DES MOINES PARKS & RECREATION FOUNDATION - 3226 UNIVERSITY AVENUE - DES MOINES, IA 50311	42-1390788	501(C)(3)	500.	0.			GRANT
DES MOINES PARKS & RECREATION FOUNDATION - 3226 UNIVERSITY AVENUE - DES MOINES, IA 50311	42-1390788	501(C)(3)	2,500.	0.			FUNDRAISING PLANNING
DES MOINES PARKS & RECREATION FOUNDATION - 3226 UNIVERSITY AVENUE - DES MOINES, IA 50311	42-1390788	501(C)(3)	5,000.	0.			DING DARLING COMMUNITY DOCUMENTARY
DES MOINES PARKS & RECREATION FOUNDATION - 3226 UNIVERSITY AVENUE - DES MOINES, IA 50311	42-1390788	501(C)(3)	25,000.	0.			FRIENDS OF THE DES MOINES PARKS- SARGENT PARK
DES MOINES PASTORAL COUNSELING 8553 URBANDALE AVENUE URBANDALE, IA 50322	42-0995074	501(C)(3)	25.	0.			GRANT
DES MOINES PASTORAL COUNSELING 8553 URBANDALE AVENUE URBANDALE, IA 50322	42-0995074	501(C)(3)	500.	0.			GRANT
DES MOINES PASTORAL COUNSELING 8553 URBANDALE AVENUE URBANDALE, IA 50322	42-0995074	501(C)(3)	1,000.	0.			GRANT

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
DES MOINES PASTORAL COUNSELING 8553 URBANDALE AVENUE URBANDALE, IA 50322	42-0995074	501(C)(3)	7,260.	0.			COUNSELING SCHOLARSHIPS AND SUPPLIES FOR C.O.O.L. PROGRAM
DES MOINES PASTORAL COUNSELING 8553 URBANDALE AVENUE URBANDALE, IA 50322	42-0995074	501(C)(3)	10,000.	0.			PROGRAM DEVELOPMENT FOR THE CENTER'S INSTITUTE FOR THE PRACTICE OF MINISTRY
DES MOINES PERFORMING ARTS 221 WALNUT STREET DES MOINES, IA 50309	51-0138181	501(C)(3)	25.	0.			GRANT
DES MOINES PERFORMING ARTS 221 WALNUT STREET DES MOINES, IA 50309	51-0138181	501(C)(3)	500.	0.			GRANT
DES MOINES PERFORMING ARTS 221 WALNUT STREET DES MOINES, IA 50309	51-0138181	501(C)(3)	750.	0.			GRANT
DES MOINES PERFORMING ARTS 221 WALNUT STREET DES MOINES, IA 50309	51-0138181	501(C)(3)	1,250.	0.			PATRON CIRCLE
DES MOINES PERFORMING ARTS 221 WALNUT STREET DES MOINES, IA 50309	51-0138181	501(C)(3)	1,250.	0.			PATRON CIRCLE
DES MOINES PERFORMING ARTS 221 WALNUT STREET DES MOINES, IA 50309	51-0138181	501(C)(3)	1,250.	0.			PATRON CIRCLE GIVING
DES MOINES PERFORMING ARTS 221 WALNUT STREET DES MOINES, IA 50309	51-0138181	501(C)(3)	1,250.	0.			PATRON CONTRIBUTION

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
DES MOINES PERFORMING ARTS 221 WALNUT STREET DES MOINES, IA 50309	51-0138181	501(C)(3)	1,500.	0.			PATRON CIRCLE CONTRIBUTION
DES MOINES PERFORMING ARTS 221 WALNUT STREET DES MOINES, IA 50309	51-0138181	501(C)(3)	3,000.	0.			ANNUAL GIFT
DES MOINES PERFORMING ARTS 221 WALNUT STREET DES MOINES, IA 50309	51-0138181	501(C)(3)	3,000.	0.			ANNUAL OPERATING CONTRIBUTION
DES MOINES PERFORMING ARTS 221 WALNUT STREET DES MOINES, IA 50309	51-0138181	501(C)(3)	3,000.	0.			GRANT
DES MOINES PERFORMING ARTS 221 WALNUT STREET DES MOINES, IA 50309	51-0138181	501(C)(3)	3,000.	0.			SUPPORT AT FOUNDERS LEVEL
DES MOINES PERFORMING ARTS 221 WALNUT STREET DES MOINES, IA 50309	51-0138181	501(C)(3)	3,500.	0.			GRANT
DES MOINES PERFORMING ARTS 221 WALNUT STREET DES MOINES, IA 50309	51-0138181	501(C)(3)	5,000.	0.			PATRON CIRCLE MEMBERSHIP
DES MOINES PERFORMING ARTS 221 WALNUT STREET DES MOINES, IA 50309	51-0138181	501(C)(3)	7,000.	0.			ANNUAL GIFT
DES MOINES PERFORMING ARTS 221 WALNUT STREET DES MOINES, IA 50309	51-0138181	501(C)(3)	8,000.	0.			ANNUAL CONTRIBUTION

Schedule I (Form 990)



COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
DES MOINES PERFORMING ARTS 221 WALNUT STREET DES MOINES, IA 50309	51-0138181	501(C)(3)	10,000.	0.			GRANT
DES MOINES PERFORMING ARTS 221 WALNUT STREET DES MOINES, IA 50309	51-0138181	501(C)(3)	50,000.	0.			LEADERSHIP GRANT FOR NOLLEN PLAZA
DES MOINES PUBLIC LIBRARY FOUNDATION - 1000 GRAND AVENUE - DES MOINES, IA 50309-3027	42-1484890	501(C)(3)	100.	0.			GRANT
DES MOINES PUBLIC LIBRARY FOUNDATION - 1000 GRAND AVENUE - DES MOINES, IA 50309-3027	42-1484890	501(C)(3)	250.	0.			DES MOINES PUBLIC LIBRARY
DES MOINES PUBLIC LIBRARY FOUNDATION - 1000 GRAND AVENUE - DES MOINES, IA 50309-3027	42-1484890	501(C)(3)	250.	0.			IN SUPPORT OF AVID
DES MOINES PUBLIC LIBRARY FOUNDATION - 1000 GRAND AVENUE - DES MOINES, IA 50309-3027	42-1484890	501(C)(3)	500.	0.			CONTRIBUTION
DES MOINES PUBLIC LIBRARY FOUNDATION - 1000 GRAND AVENUE - DES MOINES, IA 50309-3027	42-1484890	501(C)(3)	1,000.	0.			GRANT
DES MOINES PUBLIC LIBRARY FOUNDATION - 1000 GRAND AVENUE - DES MOINES, IA 50309-3027	42-1484890	501(C)(3)	2,265.	0.			PAST FORWARD
DES MOINES PUBLIC LIBRARY FOUNDATION - 1000 GRAND AVENUE - DES MOINES, IA 50309-3027	42-1484890	501(C)(3)	5,000.	0.			GRANT

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
DES MOINES PUBLIC LIBRARY FOUNDATION - 1000 GRAND AVENUE - DES MOINES, IA 50309-3027	42-1484890	501(C)(3)	5,000.	0.			GRANT
DES MOINES PUBLIC LIBRARY FOUNDATION - 1000 GRAND AVENUE - DES MOINES, IA 50309-3027	42-1484890	501(C)(3)	8,000.	0.			GRANT
DES MOINES PUBLIC SCHOOLS 901 WALNUT STREET DES MOINES, IA 50309-7745	42-6001433	170(B)	2,000.	0.			NEW COMPUTERS AT THE IOWA ENERGY AND SUSTAINABILITY ACADEMY
DES MOINES PUBLIC SCHOOLS 901 WALNUT STREET DES MOINES, IA 50309-7745	42-6001433	170(B)	52,836.	0.			FALL ALLOCATION 2012-2013
DES MOINES REGIONAL SKATEPARK FUND 1915 GRAND AVENUE DES MOINES, IA 50309	42-6139033	501(C)(3)	600.	0.			GRANT
DES MOINES REGIONAL SKATEPARK FUND 1915 GRAND AVENUE UPLAND, CA 91786	42-6139033	501(C)(3)	7,500.	0.			GRANT
DES MOINES REGIONAL SKATEPARK FUND 1915 GRAND AVENUE DES MOINES, IA 50309	42-6139033	501(C)(3)	9,900.	0.			GRANT
DES MOINES SOCIAL CLUB PO BOX 93301 DES MOINES, IA 50393	32-0225243	501(C)(3)	10,000.	0.			GRANT
DES MOINES SOCIAL CLUB FUND 1915 GRAND AVENUE DES MOINES, IA 50309	42-6139033	501(C)(3)	100.	0.			DONATION

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
DES MOINES SOCIAL CLUB FUND 1915 GRAND AVENUE DES MOINES, IA 50309	42-6139033	501(C)(3)	500.	0.			FOOD FOR THOUGHT FUNDRAISING DINNER
DES MOINES SOCIAL CLUB FUND 1915 GRAND AVENUE DES MOINES, IA 50309	42-6139033	501(C)(3)	2,500.	0.			CAPITAL CAMPAIGN
DES MOINES SOCIAL CLUB FUND 1915 GRAND AVENUE DES MOINES, IA 50309	42-6139033	501(C)(3)	25,000.	0.			DONOR LEVERAGED GRANT
DES MOINES SOCIAL CLUB FUND 1915 GRAND AVENUE DES MOINES, IA 50309	42-6139033	501(C)(3)	50,000.	0.			CAPITAL CAMPAIGN DONATION
DES MOINES SOCIAL CLUB FUND 1915 GRAND AVENUE DES MOINES, IA 50309	42-6139033	501(C)(3)	60,000.	0.			CAPITAL CAMPAIGN AND PROGRAMMING DONATION
DES MOINES SOCIAL CLUB FUND 1915 GRAND AVENUE DES MOINES, IA 50309	42-6139033	501(C)(3)	75,000.	0.			LEADERSHIP GRANT
DES MOINES SOCIAL CLUB FUND 1915 GRAND AVENUE DES MOINES, IA 50309	42-6139033	501(C)(3)	125,000.	0.			CAPITAL CAMPAIGN
DES MOINES SOCIAL CLUB FUND 1915 GRAND AVENUE DES MOINES, IA 50309	42-6139033	501(C)(3)	125,000.	0.			CAPITAL CAMPAIGN
DES MOINES SYMPHONY ASSOCIATION 1011 LOCUST STREET, SUITE 200 DES MOINES, IA 50309	42-6058830	501(C)(3)	100.	0.			GRANT

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
DES MOINES SYMPHONY ASSOCIATION 1011 LOCUST STREET, SUITE 200 DES MOINES, IA 50309	42-6058830	501(C)(3)	150.	0.			GRANT
DES MOINES SYMPHONY ASSOCIATION 1011 LOCUST STREET, SUITE 200 DES MOINES, IA 50309	42-6058830	501(C)(3)	500.	0.			GRANT
DES MOINES SYMPHONY ASSOCIATION 1011 LOCUST STREET, SUITE 200 DES MOINES, IA 50309	42-6058830	501(C)(3)	500.	0.			GRANT
DES MOINES SYMPHONY ASSOCIATION 1011 LOCUST STREET, SUITE 200 DES MOINES, IA 50309	42-6058830	501(C)(3)	500.	0.			IN HONOR OF MARY AND JOHN PAPPAJOHN
DES MOINES SYMPHONY ASSOCIATION 1011 LOCUST STREET, SUITE 200 DES MOINES, IA 50309	42-6058830	501(C)(3)	750.	0.			SPONSORSHIP FOR THE 75TH ANNIVERSARY EVENT
DES MOINES SYMPHONY ASSOCIATION 1011 LOCUST STREET, SUITE 200 DES MOINES, IA 50309	42-6058830	501(C)(3)	1,000.	0.			PROGRAM SUPPORT
DES MOINES SYMPHONY ASSOCIATION 1011 LOCUST STREET, SUITE 200 DES MOINES, IA 50309	42-6058830	501(C)(3)	1,500.	0.			CONTRIBUTION TO SYMPHONY HEALTHCARE CIRCLE, 2012-2013
DES MOINES SYMPHONY ASSOCIATION 1011 LOCUST STREET, SUITE 200 DES MOINES, IA 50309	42-6058830	501(C)(3)	2,000.	0.			GRANT
DES MOINES SYMPHONY ASSOCIATION 1011 LOCUST STREET, SUITE 200 DES MOINES, IA 50309	42-6058830	501(C)(3)	2,000.	0.			GRANT

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
DES MOINES SYMPHONY ASSOCIATION 1011 LOCUST STREET, SUITE 200 DES MOINES, IA 50309	42-6058830	501(C)(3)	2,000.	0.			HEALTHCARE CIRCLE
DES MOINES SYMPHONY ASSOCIATION 1011 LOCUST STREET, SUITE 200 DES MOINES, IA 50309	42-6058830	501(C)(3)	2,500.	0.			GRANT
DES MOINES SYMPHONY ASSOCIATION 1011 LOCUST STREET, SUITE 200 DES MOINES, IA 50309	42-6058830	501(C)(3)	2,500.	0.			LEGAL CIRCLE SPONSORSHIP OF SEASON FINALE
DES MOINES SYMPHONY ASSOCIATION 1011 LOCUST STREET, SUITE 200 DES MOINES, IA 50309	42-6058830	501(C)(3)	4,850.	0.			GRANT
DES MOINES SYMPHONY ASSOCIATION 1011 LOCUST STREET, SUITE 200 DES MOINES, IA 50309	42-6058830	501(C)(3)	5,000.	0.			ANNUAL SUPPORT
DES MOINES SYMPHONY ASSOCIATION 1011 LOCUST STREET, SUITE 200 DES MOINES, IA 50309	42-6058830	501(C)(3)	5,000.	0.			ENDOWMENT
DES MOINES SYMPHONY ASSOCIATION 1011 LOCUST STREET, SUITE 200 DES MOINES, IA 50309	42-6058830	501(C)(3)	5,000.	0.			GRANT
DES MOINES SYMPHONY ASSOCIATION 1011 LOCUST STREET, SUITE 200 DES MOINES, IA 50309	42-6058830	501(C)(3)	5,000.	0.			PATRON SUBSCRIBER MEMBERSHIP ACCOUNT 114465
DES MOINES SYMPHONY ASSOCIATION 1011 LOCUST STREET, SUITE 200 DES MOINES, IA 50309	42-6058830	501(C)(3)	12,500.	0.			GRANT

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
DES MOINES SYMPHONY ASSOCIATION 1011 LOCUST STREET, SUITE 200 DES MOINES, IA 50309	42-6058830	501(C)(3)	12,500.	0.			GRANT
DES MOINES SYMPHONY ASSOCIATION 1011 LOCUST STREET, SUITE 200 DES MOINES, IA 50309	42-6058830	501(C)(3)	40,540.	0.			ANNUAL DISTRIBUTION
DES MOINES SYMPHONY ASSOCIATION FOUNDATION - 1011 LOCUST STREET, SUITE 200 - DES MOINES, IA 50309	42-1246575	501(C)(3)	250.	0.			DM SYMPHONY
DES MOINES SYMPHONY ASSOCIATION FOUNDATION - 1011 LOCUST STREET, SUITE 200 - DES MOINES, IA 50309	42-1246575	501(C)(3)	1,000.	0.			DES MOINES SYMPHONY
DES MOINES SYMPHONY ASSOCIATION FOUNDATION - 1011 LOCUST STREET, SUITE 200 - DES MOINES, IA 50309	42-1246575	501(C)(3)	5,000.	0.			75TH ANNIVERSARY CAMPAIGN
DES MOINES UNIVERSITY ATTN: ACCOUNTING DES MOINES, IA 50312	42-0730347	501(C)(3)	100.	0.			JACKIE GREKIN MEMORIAL
DES MOINES UNIVERSITY ATTN: ACCOUNTING DES MOINES, IA 50312	42-0730347	501(C)(3)	250.	0.			GRANT
DES MOINES UNIVERSITY ATTN: ACCOUNTING DES MOINES, IA 50312	42-0730347	501(C)(3)	1,000.	0.			COM GOLF OUTING FOR SCHOLARSHIPS
DES MOINES UNIVERSITY ATTN: ACCOUNTING DES MOINES, IA 50312	42-0730347	501(C)(3)	1,000.	0.			GLANTON SCHOLARSHIP

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
DES MOINES UNIVERSITY ATTN: ACCOUNTING DES MOINES, IA 50312	42-0730347	501(C)(3)	1,000.	0.			GLANTON SCHOLARSHIP 2012
DES MOINES UNIVERSITY ATTN: ACCOUNTING DES MOINES, IA 50312	42-0730347	501(C)(3)	1,000.	0.			GLANTON SCHOLARSHIP CONTRIBUTION
DES MOINES UNIVERSITY ATTN: ACCOUNTING DES MOINES, IA 50312	42-0730347	501(C)(3)	1,000.	0.			GLANTON SCHOLARSHIP DINNER
DES MOINES UNIVERSITY ATTN: ACCOUNTING DES MOINES, IA 50312	42-0730347	501(C)(3)	1,000.	0.			GLANTON SCHOLARSHIP FUND.
DES MOINES UNIVERSITY ATTN: ACCOUNTING DES MOINES, IA 50312	42-0730347	501(C)(3)	1,000.	0.			MARJEAN REED SCHOLARSHIP FUND
DIOCESE OF DES MOINES 601 GRAND AVENUE DES MOINES, IA 50309	42-0680464	501(C)(3)	300.	0.			GRANT
DIOCESE OF DES MOINES 601 GRAND AVENUE DES MOINES, IA 50309	42-0680464	501(C)(3)	350.	0.			ANNUAL DIOCESAN APPEAL
DIOCESE OF DES MOINES 601 GRAND AVENUE DES MOINES, IA 50309	42-0680464	501(C)(3)	350.	0.			ANNUAL DIOCESAN APPEAL 2012
DIOCESE OF DES MOINES 601 GRAND AVENUE DES MOINES, IA 50309	42-0680464	501(C)(3)	400.	0.			DIOCESAN APPEAL

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
DIOCESE OF DES MOINES 601 GRAND AVENUE DES MOINES, IA 50309	42-0680464	501(C)(3)	500.	0.			ANNUAL DIOCESAN APPEAL
DIOCESE OF DES MOINES 601 GRAND AVENUE DES MOINES, IA 50309	42-0680464	501(C)(3)	500.	0.			YEARLY DONATION
DIOCESE OF DES MOINES 601 GRAND AVENUE DES MOINES, IA 50309	42-0680464	501(C)(3)	1,000.	0.			CONTRIBUTION
DIOCESE OF DES MOINES 601 GRAND AVENUE DES MOINES, IA 50309	42-0680464	501(C)(3)	3,000.	0.			GRANT
DIOCESE OF DES MOINES 601 GRAND AVENUE DES MOINES, IA 50309	42-0680464	501(C)(3)	3,500.	0.			ANNUAL APPEAL CONTRIBUTION
DIOCESE OF DES MOINES 601 GRAND AVENUE DES MOINES, IA 50309	42-0680464	501(C)(3)	22,000.	0.			GRANT
DIOCESE OF DES MOINES 601 GRAND AVENUE DES MOINES, IA 50309	42-0680464	501(C)(3)	100,000.	0.			TODAY'S GIFT TOMORROW'S HOPE
DISCOVERY HOUSE PO BOX 163 SPIRIT LAKE, IA 51360	42-1401532	501(C)(3)	8,000.	0.			RENOVATION
DM PARKS AND RECREATION 600 E COURT AVENUE, SUITE 200 DES MOINES, IA 50304	42-1390788	501(C)(3)	10,000.	0.			GRANT

Schedule I (Form 990)



COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
DM POLICE DEPARTMENT CHIEF OF POLICE & ADMINISTRATIVE OF DES MOINES, IA 50309	42-6004514	501(C)(3)	13,092.	0.			MENTORING YOUTH WITH COPS PROGRAM
DMACC FOUNDATION 2006 S ANKENY BOULEVARD ANKENY, IA 50023	23-7229486	501(C)(3)	400.	0.			SUPPORT FOR IOWA CULINARY INSTITUTE
DMACC FOUNDATION 2006 S ANKENY BOULEVARD ANKENY, IA 50023	23-7229486	501(C)(3)	1,000.	0.			JIM FLEMING'S BOARD CONTRIBUTION
DMACC FOUNDATION 2006 S ANKENY BOULEVARD ANKENY, IA 50023	23-7229486	501(C)(3)	5,000.	0.			FRENCH EXCHANGE
DMACC FOUNDATION 2006 S ANKENY BOULEVARD ANKENY, IA 50023	23-7229486	501(C)(3)	5,000.	0.			GRANT
DMACC FOUNDATION 2006 S ANKENY BOULEVARD ANKENY, IA 50023	23-7229486	501(C)(3)	5,000.	0.			LAKE FUND
DOWLING CATHOLIC HIGH SCHOOL 1400 BUFFALO ROAD WEST DES MOINES, IA 50265	42-6284173	501(C)(3)	100.	0.			PRESIDENT'S GATHERING EVENT
DOWLING CATHOLIC HIGH SCHOOL 1400 BUFFALO ROAD WEST DES MOINES, IA 50265	42-6284173	501(C)(3)	200.	0.			HOLYFAMILY BUS USE
DOWLING CATHOLIC HIGH SCHOOL 1400 BUFFALO ROAD WEST DES MOINES, IA 50265	42-6284173	501(C)(3)	250.	0.			ANNUAL APPEAL

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
DOWLING CATHOLIC HIGH SCHOOL 1400 BUFFALO ROAD WEST DES MOINES, IA 50265	42-6284173	501(C)(3)	250.	0.			HOLY FAMILY TRANSPORTATION
DOWLING CATHOLIC HIGH SCHOOL 1400 BUFFALO ROAD WEST DES MOINES, IA 50265	42-6284173	501(C)(3)	300.	0.			2012 ANNUAL APPEAL
DOWLING CATHOLIC HIGH SCHOOL 1400 BUFFALO ROAD WEST DES MOINES, IA 50265	42-6284173	501(C)(3)	500.	0.			GRANT
DOWLING CATHOLIC HIGH SCHOOL 1400 BUFFALO ROAD WEST DES MOINES, IA 50265	42-6284173	501(C)(3)	500.	0.			PRESIDENT CLUB MEMBERSHIP
DOWLING CATHOLIC HIGH SCHOOL 1400 BUFFALO ROAD WEST DES MOINES, IA 50265	42-6284173	501(C)(3)	1,000.	0.			ANNUAL GOLF OUTING
DOWLING CATHOLIC HIGH SCHOOL 1400 BUFFALO ROAD WEST DES MOINES, IA 50265	42-6284173	501(C)(3)	2,000.	0.			2012-13 ANNUAL APPEAL
DOWLING CATHOLIC HIGH SCHOOL 1400 BUFFALO ROAD WEST DES MOINES, IA 50265	42-6284173	501(C)(3)	2,000.	0.			DCHS BAND
DOWLING CATHOLIC HIGH SCHOOL 1400 BUFFALO ROAD WEST DES MOINES, IA 50265	42-6284173	501(C)(3)	2,500.	0.			ANNUAL APPEAL
DOWLING CATHOLIC HIGH SCHOOL 1400 BUFFALO ROAD WEST DES MOINES, IA 50265	42-6284173	501(C)(3)	2,500.	0.			FOR STUDENT TUITION AID

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
DOWLING CATHOLIC HIGH SCHOOL 1400 BUFFALO ROAD WEST DES MOINES, IA 50265	42-6284173	501(C)(3)	5,000.	0.			ANNUAL APPEAL GIFT
DOWLING CATHOLIC HIGH SCHOOL 1400 BUFFALO ROAD WEST DES MOINES, IA 50265	42-6284173	501(C)(3)	5,000.	0.			CHRISTMAS BASKETS FROM CHRISTY AND DREW COWNIE
DOWLING CATHOLIC HIGH SCHOOL 1400 BUFFALO ROAD WEST DES MOINES, IA 50265	42-6284173	501(C)(3)	5,000.	0.			FUNDING OUR FUTURE
DOWLING CATHOLIC HIGH SCHOOL 1400 BUFFALO ROAD WEST DES MOINES, IA 50265	42-6284173	501(C)(3)	5,000.	0.			GRANT
DOWLING CATHOLIC HIGH SCHOOL 1400 BUFFALO ROAD WEST DES MOINES, IA 50265	42-6284173	501(C)(3)	5,000.	0.			WE BELIEVE CAPITAL CAMPAIGN
DOWLING CATHOLIC HIGH SCHOOL 1400 BUFFALO ROAD WEST DES MOINES, IA 50265	42-6284173	501(C)(3)	7,500.	0.			ANNUAL APPEAL
DOWLING CATHOLIC HIGH SCHOOL 1400 BUFFALO ROAD WEST DES MOINES, IA 50265	42-6284173	501(C)(3)	15,000.	0.			CAPITAL CAMPAIGN CONTRIBUTION 2012
DOWLING CATHOLIC HIGH SCHOOL 1400 BUFFALO ROAD WEST DES MOINES, IA 50265	42-6284173	501(C)(3)	20,000.	0.			ANNUAL APPEAL
DOWLING CATHOLIC HIGH SCHOOL 1400 BUFFALO ROAD WEST DES MOINES, IA 50265	42-6284173	501(C)(3)	25,000.	0.			"WE BELIEVE" CAPITAL CAMPAIGN PHASE II

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
DOWLING CATHOLIC HIGH SCHOOL 1400 BUFFALO ROAD WEST DES MOINES, IA 50265	42-6284173	501(C)(3)	42,087.	0.			WE BELIEVE CAMPAIGN
DOWLING CATHOLIC HIGH SCHOOL 1400 BUFFALO ROAD WEST DES MOINES, IA 50265	42-6284173	501(C)(3)	50,000.	0.			WE BELIEVE CAMPAIGN PLEDGE
DOWLING CATHOLIC HIGH SCHOOL 1400 BUFFALO ROAD WEST DES MOINES, IA 50265	42-6284173	501(C)(3)	125,000.	0.			CAPITAL CAMPAIGN
DOWNTOWN EVENTS GROUP, INC. 700 LOCUST STREET, SUITE 100 DES MOINES, IA 50309	75-3175987	501(C)(3)	5,000.	0.			SPONSORSHIP OF WOMEN'S WRITERS FORUM
DRAKE ATHLETICS 2507 UNIVERSITY AVENUE DES MOINES, IA 50311-4505	42-0680460	501(C)(3)	125.	0.			BULLDOG CLUB
DRAKE ATHLETICS 2507 UNIVERSITY AVENUE DES MOINES, IA 50311-4505	42-0680460	501(C)(3)	3,500.	0.			GRANT
DRAKE ATHLETICS 2507 UNIVERSITY AVENUE DES MOINES, IA 50311-4505	42-0680460	501(C)(3)	50,000.	0.			ATHLETIC PROJECT
DRAKE UNIVERSITY 2507 UNIVERSITY AVENUE DES MOINES, IA 50311	42-0680460	501(C)(3)	100.	0.			DISTINCTLYDRAKE PIANO CONTRIBUTION
DRAKE UNIVERSITY 2507 UNIVERSITY AVENUE DES MOINES, IA 50311	42-0680460	501(C)(3)	500.	0.			ANNUAL COMMITMENT

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
DRAKE UNIVERSITY 2507 UNIVERSITY AVENUE DES MOINES, IA 50311	42-0680460	501(C)(3)	700.	0.			SCHOLARSHIP FOR GLORIA GRAVES
DRAKE UNIVERSITY 2507 UNIVERSITY AVENUE DES MOINES, IA 50311	42-0680460	501(C)(3)	800.	0.			SCHOLARSHIP FOR NAPOLEON DOUGLAS
DRAKE UNIVERSITY 2507 UNIVERSITY AVENUE DES MOINES, IA 50311	42-0680460	501(C)(3)	1,000.	0.			GRANT
DRAKE UNIVERSITY 2507 UNIVERSITY AVENUE DES MOINES, IA 50311	42-0680460	501(C)(3)	1,000.	0.			SCHOLARSHIP FOR GLORIA GRAVES
DRAKE UNIVERSITY 2507 UNIVERSITY AVENUE DES MOINES, IA 50311	42-0680460	501(C)(3)	1,000.	0.			THE COMPARISON PROJECT
DRAKE UNIVERSITY 2507 UNIVERSITY AVENUE DES MOINES, IA 50311	42-0680460	501(C)(3)	1,688.	0.			LEANNA BELL SCHOLARSHIPS
DRAKE UNIVERSITY 2507 UNIVERSITY AVENUE DES MOINES, IA 50311	42-0680460	501(C)(3)	2,000.	0.			PLANT A HALF A MILE
DRAKE UNIVERSITY 2507 UNIVERSITY AVENUE DES MOINES, IA 50311	42-0680460	501(C)(3)	2,500.	0.			GRANT
DRAKE UNIVERSITY 2507 UNIVERSITY AVENUE DES MOINES, IA 50311	42-0680460	501(C)(3)	2,975.	0.			ANNUAL GRANT

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
DRAKE UNIVERSITY 2507 UNIVERSITY AVENUE DES MOINES, IA 50311	42-0680460	501(C)(3)	5,000.	0.			\$4000 TO COLLEGE & \$1000 TO DONALD V. ADAMS LEADERSHIP INSTITUTE
DRAKE UNIVERSITY 2507 UNIVERSITY AVENUE DES MOINES, IA 50311	42-0680460	501(C)(3)	5,000.	0.			ANNUAL APPEAL
DRAKE UNIVERSITY 2507 UNIVERSITY AVENUE DES MOINES, IA 50311	42-0680460	501(C)(3)	5,000.	0.			DISTINCTLY DRAKE 2012 CONTRIBUTION
DRAKE UNIVERSITY 2507 UNIVERSITY AVENUE DES MOINES, IA 50311	42-0680460	501(C)(3)	6,000.	0.			\$5,000 TO CHAMPIONS CLUB AND \$1,000 TO COLLEGE OF BUSINESS OF PUBLIC ADMINISTRATION
DRAKE UNIVERSITY 2507 UNIVERSITY AVENUE DES MOINES, IA 50311	42-0680460	501(C)(3)	6,500.	0.			GRANT
DRAKE UNIVERSITY 2507 UNIVERSITY AVENUE DES MOINES, IA 50311	42-0680460	501(C)(3)	7,500.	0.			2012 DRAKE FUND CONTRIBUTION
DRAKE UNIVERSITY 2507 UNIVERSITY AVENUE DES MOINES, IA 50311	42-0680460	501(C)(3)	10,000.	0.			GRANT
DRAKE UNIVERSITY 2507 UNIVERSITY AVENUE DES MOINES, IA 50311	42-0680460	501(C)(3)	50,000.	0.			COWNIE ENDOWMENT FACULTY FUND
DRAKE UNIVERSITY 2507 UNIVERSITY AVENUE DES MOINES, IA 50311	42-0680460	501(C)(3)	125,000.	0.			CAPITAL CAMPAIGN

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
DUCKS UNLIMITED, INC. 1 WATERFOWL WAY MEMPHIS, TN 38120-9913	13-5643799	501(C)(3)	10,000.	0.			CONTRIBUTION
E.E. WARREN OPERA HOUSE ASSOCIATION - PO BOX 201 - GREENFIELD, IA 50849	42-1512453	501(C)(3)	6,500.	0.			SUPPORTING QUALITY PERFORMANCES
E.E. WARREN OPERA HOUSE ASSOCIATION - PO BOX 201 - GREENFIELD, IA 50849	42-1512453	501(C)(3)	8,000.	0.			EDUCATION AND ENTREPRENEURIAL DEVELOPMENT
EASTER SEALS SOCIETY OF IOWA PO BOX 5168 DES MOINES, IA 50305-5168	42-0707100	501(C)(3)	250.	0.			GRANT
EASTER SEALS SOCIETY OF IOWA PO BOX 5168 DES MOINES, IA 50305-5168	42-0707100	501(C)(3)	250.	0.			GRANT
EASTER SEALS SOCIETY OF IOWA PO BOX 5168 DES MOINES, IA 50305-5168	42-0707100	501(C)(3)	1,000.	0.			CAMP SUNNYSIDE
EASTER SEALS SOCIETY OF IOWA PO BOX 5168 DES MOINES, IA 50305-5168	42-0707100	501(C)(3)	1,000.	0.			GRANT
EASTER SEALS SOCIETY OF IOWA PO BOX 5168 DES MOINES, IA 50305-5168	42-0707100	501(C)(3)	40,000.	0.			TO BE USED FOR REMODELING OF THE MAIN KITCHEN AS DISCUSSED WITH ANGELA HILBERT
EDMUNDSON ART FOUNDATION, INC. DES MOINES ART CENTER DES MOINES, IA 50312	42-0680419	501(C)(3)	6,350.	0.			ANNUAL SUPPORT

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
EDUCATION FOUNDATION OF FAIRFIELD PUBLIC SCHOOLS - 403 S 20TH STREET - FAIRFIELD, IA 52556	39-1886195	501(C)(3)	5,000.	0.			FUNDING FOR K-12 TEACHER GRANTS
ELDORA-NEW PROVIDENCE SCHOOL DISTRICT FOUNDATION - PO BOX 536 - ELDORA, IA 50627	42-1276753	501(C)(3)	1,400.	0.			GRAND PIANO
ELDORA-NEW PROVIDENCE SCHOOL DISTRICT FOUNDATION - PO BOX 536 - ELDORA, IA 50627	42-1276753	501(C)(3)	1,600.	0.			GRAND PIANO
ELDORA-NEW PROVIDENCE SCHOOL DISTRICT FOUNDATION - PO BOX 536 - ELDORA, IA 50627	42-1276753	501(C)(3)	5,300.	0.			HARDIN COUNTY PERFORMANCE SERIES
ELLSWORTH MUNICIPAL HOSPITAL FOUNDATION - 110 ROCKSYLVANIA AVENUE - IOWA FALLS, IA 50126	42-1520494	501(C)(3)	2,000.	0.			DONATION FROM LIBERTY BANK
ELLSWORTH MUNICIPAL HOSPITAL FOUNDATION - 110 ROCKSYLVANIA AVENUE - IOWA FALLS, IA 50126	42-1520494	501(C)(3)	25,000.	0.			GRANT FOR NEW HOSPITAL
ENDOW IOWA FUND 1915 GRAND AVENUE DES MOINES, IA 50309	42-6139033	501(C)(3)	6,000.	0.			GRANT
ENDOW IOWA FUND 1915 GRAND AVENUE DES MOINES, IA 50309	42-6139033	501(C)(3)	6,000.	0.			GRANT
ENDOW IOWA FUND 1915 GRAND AVENUE DES MOINES, IA 50309	42-6139033	501(C)(3)	6,000.	0.			GRANT

Schedule I (Form 990)



COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
ENDOW IOWA FUND 1915 GRAND AVENUE DES MOINES, IA 50309	42-6139033	501(C)(3)	6,000.	0.			GRANT
ENDOW URBANDALE 2400 86TH STREET, SUITE 19 URBANDALE, IA 50322	42-6139033	501(C)(3)	1,418.	0.			GRANT
ENDOW URBANDALE 2400 86TH STREET, SUITE 19 URBANDALE, IA 50322	42-6139033	501(C)(3)	6,573.	0.			GRANT
ENHANCE HAMILTON COUNTY FOUNDATION 1339 330TH STREET STRATFORD, IA 50249	42-6139033	501(C)(3)	5,904.	0.			FOUNDATION ADMINISTRATION
EVERYBODY WINS! IOWA PO BOX 691 DES MOINES, IA 50303	81-0618641	501(C)(3)	180.	0.			GRANT
EVERYBODY WINS! IOWA PO BOX 691 DES MOINES, IA 50303	81-0618641	501(C)(3)	350.	0.			PIZZA PARTY
EVERYBODY WINS! IOWA PO BOX 691 DES MOINES, IA 50303	81-0618641	501(C)(3)	5,000.	0.			POWER LUNCH PROGRAM
EYERLY BALL COMMUNITY MENTAL HEALTH SERVICES - 945 19TH STREET - DES MOINES, IA 50314	42-1507225	501(C)(3)	5,000.	0.			GRANT
FAMILY RESOURCES INC. 2800 EASTERN AVENUE DAVENPORT, IA 52803	42-0698225	501(C)(3)	2,000.	0.			OPERATING

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
FAMILY RESOURCES INC. 2800 EASTERN AVENUE DAVENPORT, IA 52803	42-0698225	501(C)(3)	10,000.	0.			CAPITAL
FIELDS FOR OUR FUTURE INC. 2609 HEMEL DRIVE PELLA, IA 50219	20-5888960	501(C)(3)	5,000.	0.			PELLA SPORTS PARK
FIGGE ART MUSEUM 225 W 2ND STREET DAVENPORT, IA 52801	42-6090398	501(C)(3)	5,000.	0.			ENDOWMENT
FOOD BANK OF IOWA 2220 E 17TH STREET DES MOINES, IA 50316	42-1177880	501(C)(3)	25.	0.			GRANT
FOOD BANK OF IOWA 2220 E 17TH STREET DES MOINES, IA 50316	42-1177880	501(C)(3)	25.	0.			GRANT
FOOD BANK OF IOWA 2220 E 17TH STREET DES MOINES, IA 50316	42-1177880	501(C)(3)	25.	0.			GRANT
FOOD BANK OF IOWA 2220 E 17TH STREET DES MOINES, IA 50316	42-1177880	501(C)(3)	194.	0.			GRANT
FOOD BANK OF IOWA 2220 E 17TH STREET DES MOINES, IA 50316	42-1177880	501(C)(3)	250.	0.			GRANT
FOOD BANK OF IOWA 2220 E 17TH STREET DES MOINES, IA 50316	42-1177880	501(C)(3)	500.	0.			FEED THE HUNGRY

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
FOOD BANK OF IOWA 2220 E 17TH STREET DES MOINES, IA 50316	42-1177880	501(C)(3)	500.	0.			GRANT
FOOD BANK OF IOWA 2220 E 17TH STREET DES MOINES, IA 50316	42-1177880	501(C)(3)	1,000.	0.			GRANT
FOOD BANK OF IOWA 2220 E 17TH STREET DES MOINES, IA 50316	42-1177880	501(C)(3)	2,500.	0.			FEED THE HUNGRY
FRANCISCAN SPIRITUALITY CENTER 920 MARKET STREET LA CROSSE, WI 54601	39-0806386	501(C)(3)	5,000.	0.			FSC'S ENDOWMENT/SCHOLARSHIP FUND
FREEDOM FOR YOUTH MINISTRIES 2301 HICKMAN ROAD DES MOINES, IA 50310	03-0530851	501(C)(3)	25.	0.			GRANT
FREEDOM FOR YOUTH MINISTRIES 2301 HICKMAN ROAD DES MOINES, IA 50310	03-0530851	501(C)(3)	100.	0.			GRANT
FREEDOM FOR YOUTH MINISTRIES 2301 HICKMAN ROAD DES MOINES, IA 50310	03-0530851	501(C)(3)	1,000.	0.			GENERAL OPERATING
FREEDOM FOR YOUTH MINISTRIES 2301 HICKMAN ROAD DES MOINES, IA 50310	03-0530851	501(C)(3)	1,000.	0.			GRANT
FREEDOM FOR YOUTH MINISTRIES 2301 HICKMAN ROAD DES MOINES, IA 50310	03-0530851	501(C)(3)	5,000.	0.			GRANT

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
FREEDOM FOR YOUTH MINISTRIES 2301 HICKMAN ROAD DES MOINES, IA 50310	03-0530851	501(C)(3)	5,000.	0.			WHERE NEEDED MOST
FREEDOM FOR YOUTH MINISTRIES 2301 HICKMAN ROAD DES MOINES, IA 50310	03-0530851	501(C)(3)	8,000.	0.			GRANT
FRIENDS OF FAIRFIELD ARTS AND CONVENTION CENTER FOUNDATION - 412 HEATHERWOOD CIRCLE - FAIRFIELD, IA 52556	26-4241315	501(C)(3)	6,000.	0.			HANDICAP DOOR OPENERS AND HANDRAILS
FRIENDS OF LAKESIDE LAB 1838 HIGHWAY 86 MILFORD, IA 51351	42-1437094	501(C)(3)	36,712.	0.			ANNUAL DISTRIBUTION
FRIENDS OF RIPPEY, INC. 1950 V AVENUE RIPPEY, IA 50235	42-1523529	501(C)(3)	6,512.	0.			RIPPEY COMMUNITY ROOM - TABLES, CHAIRS AND STORAGE RACKS
FRIENDS OF WARREN COUNTY CONSERVATION - 15565 118TH AVENUE - INDIANOLA, IA 50125	42-1386543	501(C)(3)	5,000.	0.			STAND UP PADDLE BOARDING AT ANNETT NATURE CENTER
GARNER-HAYFIELD COMMUNITY SCHOOL DISTRICT - 605 LYON STREET - GARNER, IA 50438	42-0864328	170(B)	608.	0.			GARNER ASSET PROJECT- PRIME FOR LIFE CLASSROOM WORKBOOKS
GARNER-HAYFIELD COMMUNITY SCHOOL DISTRICT - 605 LYON STREET - GARNER, IA 50438	42-0864328	170(B)	860.	0.			CAREER FIELD DAY
GARNER-HAYFIELD COMMUNITY SCHOOL DISTRICT - 605 LYON STREET - GARNER, IA 50438	42-0864328	170(B)	1,912.	0.			FICTION BOOKS FOR ELEMENTARY STUDENTS

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
GARNER-HAYFIELD COMMUNITY SCHOOL DISTRICT - 605 LYON STREET - GARNER, IA 50438	42-0864328	170(B)	2,152.	0.			PURCHASE IPADS
GATEWAY SECONDARY SCHOOL 1800 GRAND AVENUE, ROOM 3408 DES MOINES, IA 50309	42-6001433	501(C)(3)	6,464.	0.			MUSIC PROGRAM
GENERAL PASSTHROUGH FUND 1915 GRAND AVENUE DES MOINES, IA 50309	42-6139033	501(C)(3)	25,000.	0.			FINANCIAL LITERACY PROGRAM
GENESIS DEVELOPMENT 1809 W 2ND AVENUE INDIANOLA, IA 50125	23-7363533	501(C)(3)	3,500.	0.			WORK ON HOMES FOR PEOPLE WITH DISABILITIES
GENESIS DEVELOPMENT 704 STORY STREET BOONE, IA 50036	23-7363533	501(C)(3)	3,681.	0.			TECHNOLOGY FOR POWERPOINT PRESENTATIONS
GENESIS DEVELOPMENT 1809 W 2ND AVENUE INDIANOLA, IA 50125	23-7363533	501(C)(3)	5,000.	0.			AUTOMATIC DOORS
GENESIS DEVELOPMENT 704 STORY STREET BOONE, IA 50036	23-7363533	501(C)(3)	5,000.	0.			EXPLORERS SUMMER DAY CAMP
GOLDEN BUCKLE HOME FOUNDATION 500 E LAKE STREET ROCKWELL CITY, IA 50579	27-1536687	501(C)(3)	5,000.	0.			SUNNYVIEW INDEPENDENT LIVING
GOLF FOUNDATION OF IOWA 12928 NW 85TH AVENUE GRIMES, IA 50111	42-1500562	501(C)(3)	620.	0.			CONTRIBUTION OF FOURSOMES FOR SILENT AUCTION AT PRINCIPAL CHARITY GOLF CLASSIC

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
GOLF FOUNDATION OF IOWA 12928 NW 85TH AVENUE GRIMES, IA 50111	42-1500562	501(C)(3)	5,000.	0.			FIRST TEE OF GREATER DES MOINES
GRAND VIEW UNIVERSITY 1200 GRANDVIEW AVENUE DES MOINES, IA 50316	42-0681049	501(C)(3)	1,000.	0.			ANNUAL FUND CONTRIBUTION
GRAND VIEW UNIVERSITY 1200 GRANDVIEW AVENUE DES MOINES, IA 50316	42-0681049	501(C)(3)	1,000.	0.			GRANT
GRAND VIEW UNIVERSITY 1200 GRANDVIEW AVENUE DES MOINES, IA 50316	42-0681049	501(C)(3)	200,000.	0.			GRANT
GREATER CEDAR RAPIDS COMMUNITY FOUNDATION - 324 3RD STREET SE - CEDAR RAPIDS, IA 52401	42-6053860	501(C)(3)	47,840.	0.			EMBRACE IOWA
GREATER DES MOINES BOTANICAL GARDEN - 909 ROBERT D. RAY DRIVE - DES MOINES, IA 50316	42-0540765	501(C)(3)	250.	0.			GRANT
GREATER DES MOINES BOTANICAL GARDEN - 909 ROBERT D. RAY DRIVE - DES MOINES, IA 50316	42-0540765	501(C)(3)	250.	0.			GREATER DM BOTANICAL GARDEN
GREATER DES MOINES BOTANICAL GARDEN - 909 ROBERT D. RAY DRIVE - DES MOINES, IA 50316	42-0540765	501(C)(3)	1,000.	0.			GRANT
GREATER DES MOINES BOTANICAL GARDEN - 909 ROBERT D. RAY DRIVE - DES MOINES, IA 50316	42-0540765	501(C)(3)	1,000.	0.			GRANT

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
GREATER DES MOINES BOTANICAL GARDEN - 909 ROBERT D. RAY DRIVE - DES MOINES, IA 50316	42-0540765	501(C)(3)	5,000.	0.			CAMPAIGN
GREATER DES MOINES BOTANICAL GARDEN - 909 ROBERT D. RAY DRIVE - DES MOINES, IA 50316	42-0540765	501(C)(3)	5,000.	0.			DONATION TO CAPITAL CAMPAIGN
GREATER DES MOINES BOTANICAL GARDEN - 909 ROBERT D. RAY DRIVE - DES MOINES, IA 50316	42-0540765	501(C)(3)	10,000.	0.			CAPITAL CAMPAIGN
GREATER DES MOINES BOTANICAL GARDEN - 909 ROBERT D. RAY DRIVE - DES MOINES, IA 50316	42-0540765	501(C)(3)	10,000.	0.			CAPITAL CAMPAIGN
GREATER DES MOINES BOTANICAL GARDEN - 909 ROBERT D. RAY DRIVE - DES MOINES, IA 50316	42-0540765	501(C)(3)	10,000.	0.			GRANT
GREATER DES MOINES BOTANICAL GARDEN - 909 ROBERT D. RAY DRIVE - DES MOINES, IA 50316	42-0540765	501(C)(3)	10,000.	0.			GRANT
GREATER DES MOINES BOTANICAL GARDEN - 909 ROBERT D. RAY DRIVE - DES MOINES, IA 50316	42-0540765	501(C)(3)	20,000.	0.			CAPITAL CAMPAIGN
GREATER DES MOINES BOTANICAL GARDEN - 909 ROBERT D. RAY DRIVE - DES MOINES, IA 50316	42-0540765	501(C)(3)	25,000.	0.			GRANT
GREATER DES MOINES BOTANICAL GARDEN OPERATING FUND - 1915 GRAND AVENUE - DES MOINES, IA 50309	42-6139033	501(C)(3)	25,000.	0.			CAPITAL CAMPAIGN

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
GREATER DES MOINES BOTANICAL GARDEN OPERATING FUND - 1915 GRAND AVENUE - DES MOINES, IA 50309	42-6139033	501(C)(3)	100,000.	0.			LEADERSHIP CIRCLE GRANT
GREATER DES MOINES BOTANICAL GARDEN OPERATING FUND - 1915 GRAND AVENUE - DES MOINES, IA 50309	42-6139033	501(C)(3)	100,000.	0.			TRANSFER PER BOARD APPROVAL
GREATER DES MOINES HABITAT FOR HUMANITY - 2200 E EUCLID AVENUE - DES MOINES, IA 50317	42-1275330	501(C)(3)	25.	0.			GRANT
GREATER DES MOINES HABITAT FOR HUMANITY - 2200 E EUCLID AVENUE - DES MOINES, IA 50317	42-1275330	501(C)(3)	100.	0.			GRANT
GREATER DES MOINES HABITAT FOR HUMANITY - 2200 E EUCLID AVENUE - DES MOINES, IA 50317	42-1275330	501(C)(3)	200.	0.			DONATION
GREATER DES MOINES HABITAT FOR HUMANITY - 2200 E EUCLID AVENUE - DES MOINES, IA 50317	42-1275330	501(C)(3)	300.	0.			GRANT
GREATER DES MOINES HABITAT FOR HUMANITY - 2200 E EUCLID AVENUE - DES MOINES, IA 50317	42-1275330	501(C)(3)	1,000.	0.			GRANT
GREATER DES MOINES HABITAT FOR HUMANITY - 2200 E EUCLID AVENUE - DES MOINES, IA 50317	42-1275330	501(C)(3)	1,000.	0.			GRANT
GREATER DES MOINES HABITAT FOR HUMANITY - 2200 E EUCLID AVENUE - DES MOINES, IA 50317	42-1275330	501(C)(3)	1,500.	0.			ST FRANCIS (CATHOLIC CHURCHES) HOME FUND

Schedule I (Form 990)



COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
GREATER DES MOINES HABITAT FOR HUMANITY - 2200 E EUCLID AVENUE - DES MOINES, IA 50317	42-1275330	501(C)(3)	2,000.	0.			UNRESTRICTED GRANT
GREATER DES MOINES HABITAT FOR HUMANITY - 2200 E EUCLID AVENUE - DES MOINES, IA 50317	42-1275330	501(C)(3)	5,000.	0.			BUILD COMMUNITY BY WORKING WITH GROUPS ON A PROJECT TOGETHER.
GREATER DES MOINES HABITAT FOR HUMANITY - 2200 E EUCLID AVENUE - DES MOINES, IA 50317	42-1275330	501(C)(3)	5,000.	0.			CONTRIBUTION
GREATER DES MOINES HABITAT FOR HUMANITY - 2200 E EUCLID AVENUE - DES MOINES, IA 50317	42-1275330	501(C)(3)	10,000.	0.			GRANT
GREATER DES MOINES HABITAT FOR HUMANITY - 2200 E EUCLID AVENUE - DES MOINES, IA 50317	42-1275330	501(C)(3)	11,500.	0.			EAST EUCLID LOCATION
GREATER DES MOINES HABITAT FOR HUMANITY - 2200 E EUCLID AVENUE - DES MOINES, IA 50317	42-1275330	501(C)(3)	12,500.	0.			GRANT
GREATER DES MOINES HABITAT FOR HUMANITY - 2200 E EUCLID AVENUE - DES MOINES, IA 50317	42-1275330	501(C)(3)	20,000.	0.			CAPITAL CAMPAIGN
GREATER DES MOINES HABITAT FOR HUMANITY - 2200 E EUCLID AVENUE - DES MOINES, IA 50317	42-1275330	501(C)(3)	25,000.	0.			GRANT
GREATER DES MOINES LEADERSHIP INSTITUTE - 700 LOCUST STREET, SUITE 100 - DES MOINES, IA 50309	41-1780575	501(C)(3)	100.	0.			100+ WOMEN HOUSE OF MERCY

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
GREATER DES MOINES LEADERSHIP INSTITUTE - 700 LOCUST STREET, SUITE 100 - DES MOINES, IA 50309	41-1780575	501(C)(3)	2,000.	0.			GRANT
GREATER DES MOINES LEADERSHIP INSTITUTE - 700 LOCUST STREET, SUITE 100 - DES MOINES, IA 50309	41-1780575	501(C)(3)	5,000.	0.			HOUSE 2 HOME PROJECT
GREATER DES MOINES LEADERSHIP INSTITUTE - 700 LOCUST STREET, SUITE 100 - DES MOINES, IA 50309	41-1780575	501(C)(3)	5,000.	0.			HOUSE OF MERCY RENOVATION PROJECT
GREATER DES MOINES PARTNERSHIP 700 LOCUST STREET, SUITE 100 DES MOINES, IA 50309	42-1489668	501(C)6	10,000.	0.			CHECK FROM PRAIRIE MEADOWS FOR CAPITAL CROSSROADS
GREATER DES MOINES PARTNERSHIP/DOWNTOWN COMMUNITY ALLIANCE FUND - 1915 GRAND AVENUE - DES MOINES, IA 50309	42-6139033	501(C)(3)	118.	0.			GRANT
GREATER DES MOINES PARTNERSHIP/DOWNTOWN COMMUNITY ALLIANCE FUND - 1915 GRAND AVENUE - DES MOINES, IA 50309	42-6139033	501(C)(3)	2,235.	0.			GRANT
GREATER DES MOINES PARTNERSHIP/DOWNTOWN COMMUNITY ALLIANCE FUND - 1915 GRAND AVENUE - DES MOINES, IA 50309	42-6139033	501(C)(3)	12,800.	0.			GRANT
GREATER DES MOINES PUBLIC ART FOUNDATION FUND - 1915 GRAND AVENUE - DES MOINES, IA 50309	42-6139033	501(C)(3)	200,000.	0.			KANERKO SCULPTURES
GREATER JEFFERSON COUNTY FOUNDATION - PO BOX 1325 - FAIRFIELD, IA 52566	51-0172078	501(C)(3)	8,521.	0.			PETTY CASH

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
GREATER MADISON COUNTY COMMUNITY FOUNDATION - PO BOX 29 - WINTERSET, IA 50273	42-6139033	501(C)(3)	5,907.	0.			OPERATING EXPENSES
GREENE COUNTY AGRICULTURAL EXTENSION DISTRICT - 104 W WASHINGTON - JEFFERSON, IA 50129	42-6021426	501(C)(3)	9,500.	0.			2012 SUMMER INTERNSHIPS
GREENE COUNTY AGRICULTURAL EXTENSION DISTRICT - 104 W WASHINGTON - JEFFERSON, IA 50129	42-6021426	501(C)(3)	9,500.	0.			STUDENT INTERNSHIP PROGRAM
GREENE COUNTY CONSERVATION BOARD 114 N CHESTNUT JEFFERSON, IA 50129	42-6004819	170(B)	15,000.	0.			SPRING LAKE RENTAL CABINS - CONSTRUCT 2 LOG CABINS
GREENFIELD CHAMBER PO BOX 61 GREENFIELD, IA 50849	42-1451191	501(C)(3)	17,790.	0.			STOREFRONT REHABILITATION
GREENWOOD SCHOOL 316 37TH STREET DES MOINES, IA 50312	42-6001433	170(B)	6,700.	0.			LIBRARY BOOKS
GUTHRIE ACTIVITY CENTER, INC. 105 S 4TH STREET GUTHRIE CENTER, IA 50115	42-1347568	501(C)(3)	5,000.	0.			REMODELING OF BATHROOMS
HABITAT FOR HUMANITY OF BOONE COUNTY - PO BOX 601 - BOONE, IA 50036	42-1451868	501(C)(3)	10,000.	0.			HELPING HANDS PROGRAM - REPAIR AND ENHANCE HOMES IN COMMUNITY
HAMILTON COUNTY CONSERVATION 2490 BRIGGS WOODS TRAIL WEBSTER CITY, IA 50595	42-6005349	170(B)	3,567.	0.			FURNISHINGS

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
HAMILTON COUNTY CONSERVATION 2490 BRIGGS WOODS TRAIL WEBSTER CITY, IA 50595	42-6005349	170(B)	3,583.	0.			BRIGGS WOODS GOLF COURSE EVENTS EXPANSION
HANCOCK CO AGRICULTURAL MUSEUM AND PIONEER VILLAGE - 2090 JAMES AVENUE - BRITT, IA 50423	42-1510048	501(C)(3)	5,000.	0.			CONCRETE FLOOR
HANCOCK COUNTY AG SOCIETY 1295 HIGHWAY 18 BRITT, IA 50423	42-0733374	501(C)(3)	6,000.	0.			SUPPLIES FOR FAIR GROUNDS
HANCOCK COUNTY SHERIFFS OFFICE 875 STATE STREET GARNER, IA 50438	42-6004698	501(C)(3)	5,857.	0.			REPLACE CERTIFIED SHERIFF K9
HARDIN COUNTY COMMUNITY ENDOWMENT FOUNDATION - PO BOX 473 - IOWA FALLS, IA 50126	42-6139033	501(C)(3)	5,907.	0.			GROWING PHILANTHROPY
HARDIN COUNTY SUPERVISORS 1215 EDGINGTON AVENUE ELDORA, IA 50627	42-6004624	170(B)	750.	0.			EDUCATIONAL OUTINGS
HARDIN COUNTY SUPERVISORS 1215 EDGINGTON AVENUE ELDORA, IA 50627	42-6004624	170(B)	7,500.	0.			IOWA FALLS AREA DEVELOPMENT GROUP
HAWTHORN HILL 3001 GRAND AVENUE DES MOINES, IA 57104	42-1258470	501(C)(3)	30,000.	0.			TRANSFER TO ESTABLISH 3 CERTIFICATES OF DEPOSIT FOR HAWTHORN HILL
HCI CARE SERVICES 2910 WESTOWN PARKWAY, SUITE 200 WEST DES MOINES, IA 50265	42-1093718	501(C)(3)	100.	0.			GRANT

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
HCI CARE SERVICES 2910 WESTOWN PARKWAY, SUITE 200 WEST DES MOINES, IA 50265	42-1093718	501(C)(3)	100.	0.			GRANT
HCI CARE SERVICES 2910 WESTOWN PARKWAY, SUITE 200 WEST DES MOINES, IA 50265	42-1093718	501(C)(3)	100.	0.			GRANT
HCI CARE SERVICES 2910 WESTOWN PARKWAY, SUITE 200 WEST DES MOINES, IA 50265	42-1093718	501(C)(3)	100.	0.			GRANT
HCI CARE SERVICES 2910 WESTOWN PARKWAY, SUITE 200 WEST DES MOINES, IA 50265	42-1093718	501(C)(3)	250.	0.			SUPPORT FOR KAVANAGH HOUSE ON 900 56TH STREET IN DES MOINES
HCI CARE SERVICES 2910 WESTOWN PARKWAY, SUITE 200 WEST DES MOINES, IA 50265	42-1093718	501(C)(3)	500.	0.			HOSPICE BOOKLETS AND DVD'S FOR THE FINAL JOURNEY
HCI CARE SERVICES 2910 WESTOWN PARKWAY, SUITE 200 WEST DES MOINES, IA 50265	42-1093718	501(C)(3)	500.	0.			MEDICAL DISPOSAL PROJECT
HCI CARE SERVICES 2910 WESTOWN PARKWAY, SUITE 200 WEST DES MOINES, IA 50265	42-1093718	501(C)(3)	1,000.	0.			GRANT
HCI CARE SERVICES 2910 WESTOWN PARKWAY, SUITE 200 WEST DES MOINES, IA 50265	42-1093718	501(C)(3)	150,000.	0.			CENTER FOR GRIEF AND LOSS
HEARTLAND MUSEUM FOUNDATION, INC. PO BOX 652 CLARION, IA 50525	42-1484808	501(C)(3)	2,400.	0.			REMODEL BATHROOM

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
HEARTLAND MUSEUM FOUNDATION, INC. PO BOX 652 CLARION, IA 50525	42-1484808	501(C)(3)	3,000.	0.			NEW TABLES AND CHAIRS FOR THE COMMUNITY ROOM
HEARTLAND SENIOR SERVICES 205 S WALNUT AVENUE AMES, IA 50010	42-1052353	501(C)(3)	20,140.	0.			KITCHEN REMODEL
HENRY COUNTY HEALTH CENTER FOUNDATION - 407 S WHITE STREET - MT. PLEASANT, IA 52641	42-1354383	501(C)(3)	5,000.	0.			CLOSE TO HOME CAMPAIGN
HERBERT HOOVER PRESIDENTIAL LIBRARY ASSOCIATION - PO BOX 696 - WEST BRANCH, IA 52358-0696	42-0848288	501(C)(3)	5,000.	0.			GIFT
HIRE OUR HEROES FUND 1915 GRAND AVENUE DES MOINES, IA 50309	42-6139033	501(C)(3)	485.	0.			GRANT
HIRE OUR HEROES FUND 1915 GRAND AVENUE DES MOINES, IA 50309	42-6139033	501(C)(3)	550.	0.			GRANT
HIRE OUR HEROES FUND 1915 GRAND AVENUE DES MOINES, IA 50309	42-6139033	501(C)(3)	1,007.	0.			GRANT
HIRE OUR HEROES FUND 1915 GRAND AVENUE DES MOINES, IA 50309	42-6139033	501(C)(3)	5,300.	0.			GRANT
HIRE OUR HEROES FUND 1915 GRAND AVENUE DES MOINES, IA 50309	42-6139033	501(C)(3)	12,671.	0.			GRANT

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
HISTORIC ARNOLDS PARK, INC. PO BOX 609 ARNOLDS PARK, IA 51331	42-1231504	501(C)(3)	273.	0.			PHONE BILL
HISTORIC ARNOLDS PARK, INC. PO BOX 609 ARNOLDS PARK, IA 51331	42-1231504	501(C)(3)	30,000.	0.			DRAINAGE PROJECT OF PRESERVATION PLAZA
HOLY FAMILY ICY FOUNDATION PO BOX 8437 DES MOINES, IA 50301	42-1411669	501(C)(3)	250.	0.			DONATION FOR 2012 BARN BASH
HOLY FAMILY ICY FOUNDATION PO BOX 8437 DES MOINES, IA 50301	42-1411669	501(C)(3)	1,000.	0.			BARN BASH
HOLY FAMILY ICY FOUNDATION PO BOX 8437 DES MOINES, IA 50301	42-1411669	501(C)(3)	1,000.	0.			GENERAL FUND
HOLY FAMILY ICY FOUNDATION PO BOX 8437 DES MOINES, IA 50301	42-1411669	501(C)(3)	1,000.	0.			GRANT FOR THE OUTING
HOLY FAMILY ICY FOUNDATION PO BOX 8437 DES MOINES, IA 50301	42-1411669	501(C)(3)	1,000.	0.			KUM & GO GOLF CLASSIC CONTRIBUTION
HOLY FAMILY ICY FOUNDATION PO BOX 8437 DES MOINES, IA 50301	42-1411669	501(C)(3)	3,375.	0.			ANNUAL GIFT 2012
HOLY FAMILY ICY FOUNDATION PO BOX 8437 DES MOINES, IA 50301	42-1411669	501(C)(3)	3,500.	0.			EDUCATION

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
HOLY FAMILY ICY FOUNDATION PO BOX 8437 DES MOINES, IA 50301	42-1411669	501(C)(3)	3,500.	0.			GRANT
HOLY TRINITY CATHOLIC PARISH 2220 4TH AVENUE N FORT DODGE, IA 50501	51-0168169	501(C)(3)	10,000.	0.			PARISH NEEDS
HOMES OF OAKRIDGE HUMAN SERVICES 1401 CENTER STREET DES MOINES, IA 50314	42-1311721	501(C)(3)	37,695.	0.			TRANSITIONS INTENSIVE JOB READINESS AND PLACEMENT PROGRAM
HOPE ACADEMY 2300 CHICAGO AVENUE S MINNEAPOLIS, MN 55404	41-1962874	501(C)(3)	5,800.	0.			PARTNER SPONSORSHIP PROGRAM
HOPE MINISTRIES 5075 E UNIVERSITY, SUITE B DES MOINES, IA 50304	42-1512992	501(C)(3)	25.	0.			GRANT
HOPE MINISTRIES 5075 E UNIVERSITY, SUITE B DES MOINES, IA 50304	42-1512992	501(C)(3)	25.	0.			GRANT
HOPE MINISTRIES 5075 E UNIVERSITY, SUITE B DES MOINES, IA 50304	42-1512992	501(C)(3)	100.	0.			GRANT
HOPE MINISTRIES 5075 E UNIVERSITY, SUITE B DES MOINES, IA 50304	42-1512992	501(C)(3)	100.	0.			GRANT
HOPE MINISTRIES 5075 E UNIVERSITY, SUITE B DES MOINES, IA 50304	42-1512992	501(C)(3)	100.	0.			YEARLY DONATION

Schedule I (Form 990)



COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
HOPE MINISTRIES 5075 E UNIVERSITY, SUITE B DES MOINES, IA 50304	42-1512992	501(C)(3)	400.	0.			GRANT
HOPE MINISTRIES 5075 E UNIVERSITY, SUITE B DES MOINES, IA 50304	42-1512992	501(C)(3)	1,000.	0.			GRANT
HOPE MINISTRIES 5075 E UNIVERSITY, SUITE B DES MOINES, IA 50304	42-1512992	501(C)(3)	1,000.	0.			GRANT
HOPE MINISTRIES 5075 E UNIVERSITY, SUITE B DES MOINES, IA 50304	42-1512992	501(C)(3)	1,000.	0.			GRANT
HOPE MINISTRIES 5075 E UNIVERSITY, SUITE B DES MOINES, IA 50304	42-1512992	501(C)(3)	1,000.	0.			GRANT
HOPE MINISTRIES 5075 E UNIVERSITY, SUITE B DES MOINES, IA 50304	42-1512992	501(C)(3)	1,000.	0.			GRANT
HOPE MINISTRIES 5075 E UNIVERSITY, SUITE B DES MOINES, IA 50304	42-1512992	501(C)(3)	1,000.	0.			GRANT FROM BROOKE & JAMES CHEVALIER
HOPE MINISTRIES 5075 E UNIVERSITY, SUITE B DES MOINES, IA 50304	42-1512992	501(C)(3)	5,000.	0.			WHERE NEEDED MOST
HORATIO ALGER ASSOCIATION 99 CANAL CENTER PLAZA ALEXANDRIA, VA 22314	13-1669975	501(C)(3)	5,000.	0.			HORATIO ALGER AWARDS

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
HORATIO ALGER ASSOCIATION 99 CANAL CENTER PLAZA ALEXANDRIA, VA 22314	13-1669975	501(C)(3)	20,000.	0.			CONTRIBUTION
HOYT SHERMAN PLACE 1501 WOODLAND AVENUE DES MOINES, IA 50309	42-1433940	501(C)(3)	500.	0.			CENTER STAGE SPONSORSHIP
HOYT SHERMAN PLACE 1501 WOODLAND AVENUE DES MOINES, IA 50309	42-1433940	501(C)(3)	500.	0.			CONTRIBUTION
HOYT SHERMAN PLACE 1501 WOODLAND AVENUE DES MOINES, IA 50309	42-1433940	501(C)(3)	500.	0.			GRANT
HOYT SHERMAN PLACE 1501 WOODLAND AVENUE DES MOINES, IA 50309	42-1433940	501(C)(3)	500.	0.			GRANT
HOYT SHERMAN PLACE 1501 WOODLAND AVENUE DES MOINES, IA 50309	42-1433940	501(C)(3)	500.	0.			UNRESTRICTED CONTRIBUTION
HOYT SHERMAN PLACE 1501 WOODLAND AVENUE DES MOINES, IA 50309	42-1433940	501(C)(3)	1,000.	0.			ANNUAL FUND
HOYT SHERMAN PLACE 1501 WOODLAND AVENUE DES MOINES, IA 50309	42-1433940	501(C)(3)	1,000.	0.			GRANT
HOYT SHERMAN PLACE 1501 WOODLAND AVENUE DES MOINES, IA 50309	42-1433940	501(C)(3)	1,000.	0.			GRANT

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
HOYT SHERMAN PLACE 1501 WOODLAND AVENUE DES MOINES, IA 50309	42-1433940	501(C)(3)	6,834.	0.			QUARTERLY DRAW
HOYT SHERMAN PLACE 1501 WOODLAND AVENUE DES MOINES, IA 50309	42-1433940	501(C)(3)	6,834.	0.			QUARTERLY DRAW
HOYT SHERMAN PLACE 1501 WOODLAND AVENUE DES MOINES, IA 50309	42-1433940	501(C)(3)	6,834.	0.			QUARTERLY GRANT
HOYT SHERMAN PLACE 1501 WOODLAND AVENUE DES MOINES, IA 50309	42-1433940	501(C)(3)	25,000.	0.			DRAW FOR TEMPORARY CASH FLOW NEEDS.
HOYT SHERMAN PLACE 1501 WOODLAND AVENUE DES MOINES, IA 50309	42-1433940	501(C)(3)	38,500.	0.			1ST QUARTERLY DRAW 2012
HOYT SHERMAN PLACE 1501 WOODLAND AVENUE DES MOINES, IA 50309	42-1433940	501(C)(3)	41,267.	0.			QUARTERLY DISTRIBUTION
HOYT SHERMAN PLACE 1501 WOODLAND AVENUE DES MOINES, IA 50309	42-1433940	501(C)(3)	41,267.	0.			QUARTERLY DISTRIBUTION
HOYT SHERMAN PLACE 1501 WOODLAND AVENUE DES MOINES, IA 50309	42-1433940	501(C)(3)	44,035.	0.			2ND QUARTERLY DISTRIBUTION
HUBBELL ELEMENTARY SCHOOL RENOVATION FUND - 1915 GRAND AVENUE - DES MOINES, IA 50309	42-6139033	501(C)(3)	5,310.	0.			GRANT

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
HUMBOLDT COMMUNITY SCHOOL DISTRICT 1500 WILDCAT ROAD HUMBOLDT, IA 50548	42-6002086	170(B)	425.	0.			TAFT ELEMENTARY- FIELD TRIP TO LEWIS AND CLARK
HUMBOLDT COMMUNITY SCHOOL DISTRICT 1500 WILDCAT ROAD HUMBOLDT, IA 50548	42-6002086	170(B)	750.	0.			TAFT ELEMENTARY- BRING AN AUTHOR TO HUMBOLDT
HUMBOLDT COMMUNITY SCHOOL DISTRICT 1500 WILDCAT ROAD HUMBOLDT, IA 50548	42-6002086	170(B)	3,000.	0.			FITNESS TRAIL
HUMBOLDT COMMUNITY SCHOOL DISTRICT 1500 WILDCAT ROAD HUMBOLDT, IA 50548	42-6002086	170(B)	3,000.	0.			TAFT ELEMENTARY- 10 IPADS
HUMBOLDT COMMUNITY SCHOOL DISTRICT 1500 WILDCAT ROAD HUMBOLDT, IA 50548	42-6002086	170(B)	3,250.	0.			SOCCER SCOREBOARD
HUMBOLDT COMMUNITY SCHOOL DISTRICT 1500 WILDCAT ROAD HUMBOLDT, IA 50548	42-6002086	170(B)	5,000.	0.			ENTRANCE TO HIGH SCHOOL ATHLETIC COMPLEX
HUMBOLDT COUNTY HUMBOLDT COUNTY COURTHOUSE DAKOTA CITY, IA 50529	42-6004453	501(C)(3)	10,000.	0.			HUMBOLDT COUNTY CONSERVATION- BUILD A BATH HOUSE
HUMBOLDT COUNTY AGRICULTURAL SOCIETY - 311 6TH AVENUE N - HUMBOLDT, IA 50548	42-0684986	501(C)(3)	10,000.	0.			ANNOUNCING STAND
HUMBOLDT COUNTY COMMUNITY FOUNDATION - 23 3RD STREET N - DAKOTA CITY, IA 50529	42-6139033	501(C)(3)	5,000.	0.			ADMINISTRATIVE EXPENSES

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
HUMBOLDT COUNTY HISTORICAL ASSOCIATION - PO BOX 162 - HUMBOLDT, IA 50548	42-6074849	501(C)(3)	5,000.	0.			REPAIRS TO MILL FARM HOUSE
I HAVE A DREAM FOUNDATION DRAKE UNIVERSITY DES MOINES, IA 50311	42-0680460	501(C)(3)	200.	0.			CONTRIBUTION FOR KATHY STEWART EVENT
I HAVE A DREAM FOUNDATION DRAKE UNIVERSITY DES MOINES, IA 50311	42-0680460	501(C)(3)	200.	0.			GRANT
I HAVE A DREAM FOUNDATION DRAKE UNIVERSITY DES MOINES, IA 50311	42-0680460	501(C)(3)	250.	0.			GRANT
I HAVE A DREAM FOUNDATION DRAKE UNIVERSITY DES MOINES, IA 50311	42-0680460	501(C)(3)	400.	0.			GRANT
I HAVE A DREAM FOUNDATION DRAKE UNIVERSITY DES MOINES, IA 50311	42-0680460	501(C)(3)	5,000.	0.			GRANT
IJAG 400 E 14TH STREET DES MOINES, IA 50319	42-1492988	501(C)(3)	676.	0.			GRANT
IJAG 400 E 14TH STREET DES MOINES, IA 50319	42-1492988	501(C)(3)	1,000.	0.			GRANT
IJAG 400 E 14TH STREET DES MOINES, IA 50319	42-1492988	501(C)(3)	1,600.	0.			GRANT

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
IJAG 400 E 14TH STREET DES MOINES, IA 50319	42-1492988	501(C)(3)	5,000.	0.			GRANT
INDIANOLA COMMUNITY SCHOOL DISTRICT - 1304 E 2ND AVENUE - INDIANOLA, IA 50125	42-6038225	170(B)	5,625.	0.			FALL ALLOCATION 2012-2013
IOWA AVIATION PROMOTION GROUP 3700 SE CONVENIENCE BOULEVARD ANKENY, IA 50021	42-1470192	501(C)(3)	1,827.	0.			FUND CLOSING
IOWA AVIATION PROMOTION GROUP 3700 SE CONVENIENCE BOULEVARD ANKENY, IA 50021	42-1470192	501(C)(3)	13,400.	0.			CLOSING FUND- 90% OF BALANCE.
IOWA COLLEGE FOUNDATION 505 5TH AVENUE, SUITE 1034 DES MOINES, IA 50309	42-0745995	501(C)(3)	500.	0.			CONTRIBUTION OF ANNUAL GIFT FOR CURRENT MATCH CHALLENGE
IOWA COLLEGE FOUNDATION 505 5TH AVENUE, SUITE 1034 DES MOINES, IA 50309	42-0745995	501(C)(3)	1,500.	0.			2012 CONTRIBUTION
IOWA COLLEGE FOUNDATION 505 5TH AVENUE, SUITE 1034 DES MOINES, IA 50309	42-0745995	501(C)(3)	3,750.	0.			CONTRIBUTION
IOWA COLLEGE FOUNDATION 505 5TH AVENUE, SUITE 1034 DES MOINES, IA 50309	42-0745995	501(C)(3)	22,000.	0.			GRANT
IOWA DEPARTMENT OF EDUCATION GRIMES STATE OFFICE BUILDING DES MOINES, IA 50319-0146	42-6004525	170(B)	1,500.	0.			GOVERNOR'S BULLYING PREVENTION SUMMIT

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA DEPARTMENT OF EDUCATION GRIMES STATE OFFICE BUILDING DES MOINES, IA 50319-0146	42-6004525	170(B)	3,500.	0.			GOVERNOR'S BULLYING PREVENTION SUMMIT
IOWA DEPARTMENT OF NATURAL RESOURCES - IOWA STATE PARK RESERVATIONS - DES MOINES, IA 50319	42-6004572	501(C)(3)	5,000.	0.			PROJECT AWARE: IOWA RIVER CLEAN-UP
IOWA DRUG COURT FOUNDATION KREAMER LAW FIRM WEST DES MOINES, IA 50266	26-2007186	501(C)(3)	5,000.	0.			GRANT
IOWA DRUG COURT FOUNDATION KREAMER LAW FIRM WEST DES MOINES, IA 50266	26-2007186	501(C)(3)	10,000.	0.			GRANT
IOWA FOUNDATION FOR MICROENTERPRISE & COMMUNITY VITALITY - PO BOX 793 - BOONE, IA 50036	26-2238918	501(C)(3)	12,500.	0.			2012 IMAP
IOWA FOUNDATION FOR MICROENTERPRISE & COMMUNITY VITALITY - PO BOX 793 - BOONE, IA 50036	26-2238918	501(C)(3)	12,500.	0.			2012 IMAP PROJECT INVOICED FROM IMAP PROJECT LEADER
IOWA HEALTH FOUNDATION 1415 WOODLAND AVENUE, SUITE #200 DES MOINES, IA 50309	42-1467682	501(C)(3)	100.	0.			GRANT
IOWA HEALTH FOUNDATION 1415 WOODLAND AVENUE, SUITE #200 DES MOINES, IA 50309	42-1467682	501(C)(3)	1,000.	0.			METHODIST WEST HOSPITAL
IOWA HEALTH FOUNDATION 1415 WOODLAND AVENUE, SUITE #200 DES MOINES, IA 50309	42-1467682	501(C)(3)	1,000.	0.			WESTERBERG TABLE

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA HEALTH FOUNDATION 1415 WOODLAND AVENUE, SUITE #200 DES MOINES, IA 50309	42-1467682	501(C)(3)	5,000.	0.			METHODIST WEST PLEDGE
IOWA HEALTH FOUNDATION 1415 WOODLAND AVENUE, SUITE #200 DES MOINES, IA 50309	42-1467682	501(C)(3)	10,000.	0.			METHODIST WEST COMMITMENT
IOWA HEALTH FOUNDATION 1415 WOODLAND AVENUE, SUITE #200 DES MOINES, IA 50309	42-1467682	501(C)(3)	10,000.	0.			NEW WDM HOSPITAL - LAST OF 5 ANNUAL DONATIONS
IOWA HISTORICAL FOUNDATION 600 E LOCUST STREET DES MOINES, IA 50319	42-1310625	501(C)(3)	5,000.	0.			25TH ANNIVERSARY GALA
IOWA HOMELESS YOUTH CENTERS 1219 BUCHANAN STREET DES MOINES, IA 50316	42-1051609	501(C)(3)	100.	0.			DONATION- REGGIE'S SLEEPOUT TEAM SPARKLE MOTION
IOWA HOMELESS YOUTH CENTERS 1219 BUCHANAN STREET DES MOINES, IA 50316	42-1051609	501(C)(3)	500.	0.			GRANT
IOWA HOMELESS YOUTH CENTERS 1219 BUCHANAN STREET DES MOINES, IA 50316	42-1051609	501(C)(3)	1,000.	0.			CONTRIBUTION
IOWA HOMELESS YOUTH CENTERS 1219 BUCHANAN STREET DES MOINES, IA 50316	42-1051609	501(C)(3)	1,000.	0.			REGGIE'S SLEEPOUT
IOWA HOMELESS YOUTH CENTERS 1219 BUCHANAN STREET DES MOINES, IA 50316	42-1051609	501(C)(3)	2,000.	0.			SUPPORT THE PROGRAMS

Schedule I (Form 990)



COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA HOMELESS YOUTH CENTERS 1219 BUCHANAN STREET DES MOINES, IA 50316	42-1051609	501(C)(3)	2,500.	0.			GRANT
IOWA HOMELESS YOUTH CENTERS 1219 BUCHANAN STREET DES MOINES, IA 50316	42-1051609	501(C)(3)	24,054.	0.			GRANT
IOWA INTERNATIONAL CENTER 319 7TH STREET, SUITE 200 DES MOINES, IA 50309	42-0944296	501(C)(3)	5,000.	0.			GRANT
IOWA INTERNATIONAL CENTER 319 7TH STREET, SUITE 200 DES MOINES, IA 50309	42-0944296	501(C)(3)	5,000.	0.			GRANT
IOWA INTERNATIONAL CENTER 319 7TH STREET, SUITE 200 DES MOINES, IA 50309	42-0944296	501(C)(3)	13,400.	0.			DONOR LEVERAGED GRANT FOR WELCOME TO IOWA MOBILE AND WEB IMPROVEMENTS
IOWA LIONS FOUNDATION 4538 120TH AVENUE NORWALK, IA 50211	42-6062682	501(C)(3)	4,895.	0.			IOWA KIDSIGHT CAMERA
IOWA LIONS FOUNDATION 4538 120TH AVENUE NORWALK, IA 50211	42-6062682	501(C)(3)	7,600.	0.			UPDATE SCREENING EQUIPMENT
IOWA NATURAL HERITAGE FOUNDATION INSURANCE EXCHANGE BUILDING DES MOINES, IA 50309-2321	42-1127544	501(C)(3)	25.	0.			GRANT
IOWA NATURAL HERITAGE FOUNDATION INSURANCE EXCHANGE BUILDING DES MOINES, IA 50309-2321	42-1127544	501(C)(3)	100.	0.			GRANT

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA NATURAL HERITAGE FOUNDATION INSURANCE EXCHANGE BUILDING DES MOINES, IA 50309-2321	42-1127544	501(C)(3)	100.	0.			GRANT
IOWA NATURAL HERITAGE FOUNDATION INSURANCE EXCHANGE BUILDING DES MOINES, IA 50309-2321	42-1127544	501(C)(3)	300.	0.			ANNUAL DONATION
IOWA NATURAL HERITAGE FOUNDATION INSURANCE EXCHANGE BUILDING DES MOINES, IA 50309-2321	42-1127544	501(C)(3)	300.	0.			CONTRIBUTION FROM ABBY AND JEFF CHUNGATH 408 43RD STREET, DES MOINES, IA 50312
IOWA NATURAL HERITAGE FOUNDATION INSURANCE EXCHANGE BUILDING DES MOINES, IA 50309-2321	42-1127544	501(C)(3)	300.	0.			GRANT
IOWA NATURAL HERITAGE FOUNDATION INSURANCE EXCHANGE BUILDING DES MOINES, IA 50309-2321	42-1127544	501(C)(3)	500.	0.			DING DARLING PREMIER
IOWA NATURAL HERITAGE FOUNDATION INSURANCE EXCHANGE BUILDING DES MOINES, IA 50309-2321	42-1127544	501(C)(3)	500.	0.			DONATION
IOWA NATURAL HERITAGE FOUNDATION INSURANCE EXCHANGE BUILDING DES MOINES, IA 50309-2321	42-1127544	501(C)(3)	500.	0.			GRANT
IOWA NATURAL HERITAGE FOUNDATION INSURANCE EXCHANGE BUILDING DES MOINES, IA 50309-2321	42-1127544	501(C)(3)	700.	0.			ANNUAL DONATION
IOWA NATURAL HERITAGE FOUNDATION INSURANCE EXCHANGE BUILDING DES MOINES, IA 50309-2321	42-1127544	501(C)(3)	1,000.	0.			CONSERVATION

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA NATURAL HERITAGE FOUNDATION INSURANCE EXCHANGE BUILDING DES MOINES, IA 50309-2321	42-1127544	501(C)(3)	1,000.	0.			GRANT
IOWA NATURAL HERITAGE FOUNDATION INSURANCE EXCHANGE BUILDING DES MOINES, IA 50309-2321	42-1127544	501(C)(3)	1,500.	0.			GRANT
IOWA NATURAL HERITAGE FOUNDATION INSURANCE EXCHANGE BUILDING DES MOINES, IA 50309-2321	42-1127544	501(C)(3)	2,500.	0.			GRANT
IOWA NATURAL HERITAGE FOUNDATION INSURANCE EXCHANGE BUILDING DES MOINES, IA 50309-2321	42-1127544	501(C)(3)	2,500.	0.			GRANT
IOWA NATURAL HERITAGE FOUNDATION INSURANCE EXCHANGE BUILDING DES MOINES, IA 50309-2321	42-1127544	501(C)(3)	2,500.	0.			GRANT
IOWA NATURAL HERITAGE FOUNDATION INSURANCE EXCHANGE BUILDING DES MOINES, IA 50309-2321	42-1127544	501(C)(3)	2,500.	0.			IOWA RIVER GREENBELT RESOURCE
IOWA NATURAL HERITAGE FOUNDATION INSURANCE EXCHANGE BUILDING DES MOINES, IA 50309-2321	42-1127544	501(C)(3)	5,000.	0.			GRANT
IOWA NATURAL HERITAGE FOUNDATION INSURANCE EXCHANGE BUILDING DES MOINES, IA 50309-2321	42-1127544	501(C)(3)	5,000.	0.			GRANT
IOWA NATURAL HERITAGE FOUNDATION INSURANCE EXCHANGE BUILDING DES MOINES, IA 50309-2321	42-1127544	501(C)(3)	6,000.	0.			GRANT

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA NATURAL HERITAGE FOUNDATION INSURANCE EXCHANGE BUILDING DES MOINES, IA 50309-2321	42-1127544	501(C)(3)	10,000.	0.			CONTRIBUTION 5 PLUS 5
IOWA NATURAL HERITAGE FOUNDATION INSURANCE EXCHANGE BUILDING DES MOINES, IA 50309-2321	42-1127544	501(C)(3)	10,000.	0.			GRANT
IOWA PARKS FOUNDATION 301 GRAND AVENUE DES MOINES, IA 50309	26-3418492	501(C)(3)	6,000.	0.			TREE FORESTATION PROJECT IN PINE LAKE STATE PARK
IOWA PRIMATE LEARNING SANCTUARY 4200 SE 44TH AVENUE DES MOINES, IA 50320	42-1526640	501(C)(3)	15,000.	0.			BONOBO HOPE TRANSFER
IOWA PRIMATE LEARNING SANCTUARY 4200 SE 44TH AVENUE DES MOINES, IA 50320	42-1526640	501(C)(3)	15,000.	0.			BONOBO HOPE TRANSFER
IOWA PRIMATE LEARNING SANCTUARY 4200 SE 44TH AVENUE DES MOINES, IA 50320	42-1526640	501(C)(3)	25,000.	0.			BONOBO HOPE TRANSFER
IOWA PUBLIC RADIO 2111 GRAND AVENUE, SUITE 100 DES MOINES, IA 50312	20-4227123	501(C)(3)	100.	0.			GRANT
IOWA PUBLIC RADIO 2111 GRAND AVENUE, SUITE 100 DES MOINES, IA 50312	20-4227123	501(C)(3)	100.	0.			GRANT
IOWA PUBLIC RADIO 2111 GRAND AVENUE, SUITE 100 DES MOINES, IA 50312	20-4227123	501(C)(3)	100.	0.			MEMBERS: DAN AND KERRI JOHANNSEN

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA PUBLIC RADIO 2111 GRAND AVENUE, SUITE 100 DES MOINES, IA 50312	20-4227123	501(C)(3)	100.	0.			SUPPORT CONTRIBUTION
IOWA PUBLIC RADIO 2111 GRAND AVENUE, SUITE 100 DES MOINES, IA 50312	20-4227123	501(C)(3)	150.	0.			ANNUAL MEMBERSHIP DONATION FROM ABBY AND JEFF CHUNGATH
IOWA PUBLIC RADIO 2111 GRAND AVENUE, SUITE 100 DES MOINES, IA 50312	20-4227123	501(C)(3)	200.	0.			FOR PLEDGE FROM DAN JOHANNSEN 11/01/2011
IOWA PUBLIC RADIO 2111 GRAND AVENUE, SUITE 100 DES MOINES, IA 50312	20-4227123	501(C)(3)	250.	0.			GRANT
IOWA PUBLIC RADIO 2111 GRAND AVENUE, SUITE 100 DES MOINES, IA 50312	20-4227123	501(C)(3)	400.	0.			GRANT
IOWA PUBLIC RADIO 2111 GRAND AVENUE, SUITE 100 DES MOINES, IA 50312	20-4227123	501(C)(3)	1,000.	0.			GRANT
IOWA PUBLIC RADIO 2111 GRAND AVENUE, SUITE 100 DES MOINES, IA 50312	20-4227123	501(C)(3)	2,600.	0.			ON BEING
IOWA PUBLIC RADIO 2111 GRAND AVENUE, SUITE 100 DES MOINES, IA 50312	20-4227123	501(C)(3)	6,000.	0.			GRANT
IOWA PUBLIC RADIO 2111 GRAND AVENUE, SUITE 100 DES MOINES, IA 50312	20-4227123	501(C)(3)	10,000.	0.			IPR INSIGHT SERIES

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA PUBLIC TELEVISION FOUNDATION PO BOX 6400 JOHNSTON, IA 50131	42-1169207	501(C)(3)	250.	0.			GRANT
IOWA PUBLIC TELEVISION FOUNDATION PO BOX 6400 JOHNSTON, IA 50131	42-1169207	501(C)(3)	500.	0.			GRANT
IOWA PUBLIC TELEVISION FOUNDATION PO BOX 6400 JOHNSTON, IA 50131	42-1169207	501(C)(3)	1,000.	0.			GRANT
IOWA PUBLIC TELEVISION FOUNDATION PO BOX 6400 JOHNSTON, IA 50131	42-1169207	501(C)(3)	10,000.	0.			GRANT
IOWA STATE FAIR BLUE RIBBON FOUNDATION - PO BOX 57130 - DES MOINES, IA 50317-0003	42-1376689	501(C)(3)	150.	0.			FAN FAIR
IOWA STATE FAIR BLUE RIBBON FOUNDATION - PO BOX 57130 - DES MOINES, IA 50317-0003	42-1376689	501(C)(3)	200.	0.			FAN FAIR
IOWA STATE FAIR BLUE RIBBON FOUNDATION - PO BOX 57130 - DES MOINES, IA 50317-0003	42-1376689	501(C)(3)	250.	0.			GRANT
IOWA STATE FAIR BLUE RIBBON FOUNDATION - PO BOX 57130 - DES MOINES, IA 50317-0003	42-1376689	501(C)(3)	500.	0.			GRANT
IOWA STATE FAIR BLUE RIBBON FOUNDATION - PO BOX 57130 - DES MOINES, IA 50317-0003	42-1376689	501(C)(3)	1,000.	0.			ANNUAL DONATION

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA STATE FAIR BLUE RIBBON FOUNDATION - PO BOX 57130 - DES MOINES, IA 50317-0003	42-1376689	501(C)(3)	1,000.	0.			IN MEMORY OF HARBOR RAE HUNTLEY
IOWA STATE FAIR BLUE RIBBON FOUNDATION - PO BOX 57130 - DES MOINES, IA 50317-0003	42-1376689	501(C)(3)	2,500.	0.			CORNDOG KICKOFF
IOWA STATE FAIR BLUE RIBBON FOUNDATION - PO BOX 57130 - DES MOINES, IA 50317-0003	42-1376689	501(C)(3)	5,000.	0.			CONCERT CLUB CONTRIBUTION
IOWA STATE FAIR BLUE RIBBON FOUNDATION - PO BOX 57130 - DES MOINES, IA 50317-0003	42-1376689	501(C)(3)	5,000.	0.			GRANT
IOWA STATE FAIR BLUE RIBBON FOUNDATION - PO BOX 57130 - DES MOINES, IA 50317-0003	42-1376689	501(C)(3)	5,000.	0.			GRANT
IOWA STATE FAIR BLUE RIBBON FOUNDATION - PO BOX 57130 - DES MOINES, IA 50317-0003	42-1376689	501(C)(3)	125,000.	0.			CULTURAL CENTER RENOVATION
IOWA STATE FAIR BLUE RIBBON FOUNDATION - PO BOX 57130 - DES MOINES, IA 50317-0003	42-1376689	501(C)(3)	150,000.	0.			GRANT
IOWA STATE UNIVERSITY 2505 ELWOOD DRIVE AMES, IA 50010	42-6004224	501(C)(3)	450.	0.			LANDSCAPING AT MAASDAM BAM HISTORICAL SITE
IOWA STATE UNIVERSITY 2505 ELWOOD DRIVE AMES, IA 50010	42-6004224	501(C)(3)	500.	0.			GREENLEE SCHOOL OF JOURNALISM IN MEMORY OF BARBARA MACK

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA STATE UNIVERSITY 2505 ELWOOD DRIVE AMES, IA 50010	42-6004224	501(C)(3)	767.	0.			MICROENTERPRISE ASSISTANCE
IOWA STATE UNIVERSITY 2505 ELWOOD DRIVE AMES, IA 50010	42-6004224	501(C)(3)	800.	0.			SCHOLARSHIP FOR ALIESA MASON
IOWA STATE UNIVERSITY 2505 ELWOOD DRIVE AMES, IA 50010	42-6004224	501(C)(3)	800.	0.			SCHOLARSHIP FOR JUSTIN WEBER
IOWA STATE UNIVERSITY 2505 ELWOOD DRIVE AMES, IA 50010	42-6004224	501(C)(3)	800.	0.			SCHOLARSHIP FOR SIERRA HAGEN THORNTON
IOWA STATE UNIVERSITY 2505 ELWOOD DRIVE AMES, IA 50010	42-6004224	501(C)(3)	1,367.	0.			REIMAN GARDENS
IOWA STATE UNIVERSITY 2505 ELWOOD DRIVE AMES, IA 50010	42-6004224	501(C)(3)	1,600.	0.			ISU NONPROFIT MANAGEMENT MINI-GRANT
IOWA STATE UNIVERSITY 2505 ELWOOD DRIVE AMES, IA 50010	42-6004224	501(C)(3)	2,730.	0.			INVOICE 20- FINAL 2011
IOWA STATE UNIVERSITY 2505 ELWOOD DRIVE AMES, IA 50010	42-6004224	501(C)(3)	3,652.	0.			INVOICE 24
IOWA STATE UNIVERSITY 2505 ELWOOD DRIVE AMES, IA 50010	42-6004224	501(C)(3)	3,652.	0.			INVOICE #25

Schedule I (Form 990)



COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA STATE UNIVERSITY 2505 ELWOOD DRIVE AMES, IA 50010	42-6004224	501(C)(3)	3,652.	0.			INVOICE 23
IOWA STATE UNIVERSITY 2505 ELWOOD DRIVE AMES, IA 50010	42-6004224	501(C)(3)	3,652.	0.			MICROENTERPRISE ASSISTANCE
IOWA STATE UNIVERSITY 2505 ELWOOD DRIVE AMES, IA 50010	42-6004224	501(C)(3)	5,000.	0.			BAY BOYSEN SCHOLARSHIP
IOWA STATE UNIVERSITY 2505 ELWOOD DRIVE AMES, IA 50010	42-6004224	501(C)(3)	5,000.	0.			BRENT SEXTON SCHOLARSHIP
IOWA STATE UNIVERSITY FOUNDATION LEOPOLD CENTER AMES, IA 50010-2230	42-1143702	501(C)(3)	250.	0.			2012 ANNUAL FUND
IOWA STATE UNIVERSITY FOUNDATION LEOPOLD CENTER AMES, IA 50010-2230	42-1143702	501(C)(3)	250.	0.			IOWA STATE ALUMNI ASSOCIATION DUES
IOWA STATE UNIVERSITY FOUNDATION LEOPOLD CENTER AMES, IA 50010-2230	42-1143702	501(C)(3)	1,293.	0.			REIMAN GARDENS
IOWA STATE UNIVERSITY FOUNDATION LEOPOLD CENTER AMES, IA 50010-2230	42-1143702	501(C)(3)	1,500.	0.			CYCLONE CLUB DONATION
IOWA STATE UNIVERSITY FOUNDATION LEOPOLD CENTER AMES, IA 50010-2230	42-1143702	501(C)(3)	1,500.	0.			GRANT

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA STATE UNIVERSITY FOUNDATION LEOPOLD CENTER AMES, IA 50010-2230	42-1143702	501(C)(3)	3,224.	0.			ISU FOUNDATION DONATION FOR JACK TRICE CLUB DONATION
IOWA STATE UNIVERSITY FOUNDATION LEOPOLD CENTER AMES, IA 50010-2230	42-1143702	501(C)(3)	4,500.	0.			ISU CYCLONE CLUB DONATION 2012
IOWA STATE UNIVERSITY FOUNDATION LEOPOLD CENTER AMES, IA 50010-2230	42-1143702	501(C)(3)	5,000.	0.			KRAUSE SCHOLAR - COLLEGE OF ENGINEERING
IOWA STATE UNIVERSITY FOUNDATION LEOPOLD CENTER AMES, IA 50010-2230	42-1143702	501(C)(3)	10,000.	0.			GRANT
IOWA STATE UNIVERSITY FOUNDATION LEOPOLD CENTER AMES, IA 50010-2230	42-1143702	501(C)(3)	10,000.	0.			ISU FOUNDATION DONATION FOR CYCLONE CLUB
IOWA STATE UNIVERSITY FOUNDATION LEOPOLD CENTER AMES, IA 50010-2230	42-1143702	501(C)(3)	25,000.	0.			HARKIN INSTITUTE OF PUBLIC POLICY
IOWA STATE UNIVERSITY FOUNDATION LEOPOLD CENTER AMES, IA 50010-2230	42-1143702	501(C)(3)	250,000.	0.			GRANT
IOWA WILDLIFE CENTER 328 MAIN STREET, SUITE 208 AMES, IA 50010	26-1886495	501(C)(3)	5,000.	0.			BUILDING DEVELOPMENT PHASE III
IOWA WORKFORCE DEVELOPMENT FOUNDATION - 1000 E GRAND AVENUE - DES MOINES, IA 50319	42-1504936	501(C)(3)	10,000.	0.			SKILL IOWA PROGRAM

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA WORKFORCE DEVELOPMENT FOUNDATION - 1000 E GRAND AVENUE - DES MOINES, IA 50319	42-1504936	501(C)(3)	10,000.	0.			SKILLED IOWA, IOWA WORKFORCE
IOWA WORKFORCE DEVELOPMENT FOUNDATION - 1000 E GRAND AVENUE - DES MOINES, IA 50319	42-1504936	501(C)(3)	50,000.	0.			SKILLED IOWA PROGRAM
ITALIAN-AMERICAN CULTURAL CENTER 1961 INDIANOLA AVENUE DES MOINES, IA 50315	42-1226284	501(C)(3)	3,500.	0.			CAPACITY BUILDING GRANT FOR FEASIBILITY STUDY
ITALIAN-AMERICAN CULTURAL CENTER 1961 INDIANOLA AVENUE DES MOINES, IA 50315	42-1226284	501(C)(3)	15,000.	0.			GRANT
JADE FOUNDATION PO BOX 475 JEWELL, IA 50130	42-1428675	501(C)(3)	7,500.	0.			630 MAIN FACADE RENOVATION
JASPER COMMUNITY FOUNDATION PO BOX 925 NEWTON, IA 50208	39-1905948	501(C)(3)	5,907.	0.			2012 GRANT AWARDS
JASPER COUNTY ANIMAL RESCUE LEAGUE & HUMANE SOCIETY - 5411 LIBERTY AVENUE - NEWTON, IA 50208	42-0888028	501(C)(3)	7,500.	0.			BUILDING IMPROVEMENTS
JASPER COUNTY HISTORICAL SOCIETY OF IOWA - PO BOX 834 - NEWTON, IA 50208	23-7344688	501(C)(3)	5,000.	0.			WINDERFUL TALES
JASPER COUNTY SOIL CONSERVATION 709 1ST AVENUE N NEWTON, IA 50208	42-1209613	501(C)(3)	9,000.	0.			PRAIRIE SEED STRIPPER

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
JEFFERSON AREA CHAMBER OF COMMERCE 220 N CHESTNUT, SUITE 2 JEFFERSON, IA 50129	42-0340565	501(C)(3)	6,049.	0.			JEFFERSON MATTERS - INTERIOR RENOVATION OF MAIN STREET OFFICE
JEFFERSON COUNTY CIVIC CENTER INC. 200 N MAIN STREET FAIRFIELD, IA 52556	42-1471055	501(C)(3)	20,000.	0.			FAIRFIELD ARTS AND CONVENTION CENTER
JEFFERSON COUNTY E911 1200 W GRIMES FAIRFIELD, IA 52556	42-6004656	501(C)(3)	1,121.	0.			EMERGENCY MANAGEMENT NOAA WEATHER RADIOS
JEFFERSON COUNTY E911 1200 W GRIMES FAIRFIELD, IA 52556	42-6004656	501(C)(3)	6,500.	0.			EMS ASSOCIATION- MASS CASUALTY DRILL TRAINING
JEFFERSON MATTERS MAIN STREET PO BOX 351 JEFFERSON, IA 50129	45-4673689	501(C)(3)	10,000.	0.			CHARITABLE DISTRIBUTION
JOHN & MARY PAPPASCUPTURE PARK FUND - 1915 GRAND AVENUE - DES MOINES, IA 50309	42-6139033	501(C)(3)	188.	0.			GRANT
JOHN & MARY PAPPASCUPTURE PARK FUND - 1915 GRAND AVENUE - DES MOINES, IA 50309	42-6139033	501(C)(3)	191.	0.			GRANT
JOHN & MARY PAPPASCUPTURE PARK FUND - 1915 GRAND AVENUE - DES MOINES, IA 50309	42-6139033	501(C)(3)	8,314.	0.			GRANT
JOHN PAPPASCUPTURE CENTER - NORTH IOWA AREA COMMUNITY COLLEGE - MASON CITY, IA 50401	23-7023677	501(C)(3)	5,500.	0.			TRAINING EXPENSES

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
JOHNSTON COMMUNITY SCHOOL DISTRICT PO BOX 10 JOHNSTON, IA 50131	42-6002176	170(B)	5,000.	0.			SCHOOL RESOURCE OFFICER
JOHNSTON COMMUNITY SCHOOL DISTRICT PO BOX 10 JOHNSTON, IA 50131	42-6002176	170(B)	10,136.	0.			FALL ALLOCATION 2012-2013
JUNIOR ACHIEVEMENT OF CENTRAL IOWA, INC. - 6100 GRAND AVENUE - DES MOINES, IA 50312	42-0759070	501(C)(3)	100.	0.			GRANT
JUNIOR ACHIEVEMENT OF CENTRAL IOWA, INC. - 6100 GRAND AVENUE - DES MOINES, IA 50312	42-0759070	501(C)(3)	250.	0.			BRENDA DRYER
JUNIOR ACHIEVEMENT OF CENTRAL IOWA, INC. - 6100 GRAND AVENUE - DES MOINES, IA 50312	42-0759070	501(C)(3)	1,000.	0.			ANNUAL APPEAL
JUNIOR ACHIEVEMENT OF CENTRAL IOWA, INC. - 6100 GRAND AVENUE - DES MOINES, IA 50312	42-0759070	501(C)(3)	1,000.	0.			ANNUAL FUND
JUNIOR ACHIEVEMENT OF CENTRAL IOWA, INC. - 6100 GRAND AVENUE - DES MOINES, IA 50312	42-0759070	501(C)(3)	1,000.	0.			BOARD MEMBER CAMPAIGN
JUNIOR ACHIEVEMENT OF CENTRAL IOWA, INC. - 6100 GRAND AVENUE - DES MOINES, IA 50312	42-0759070	501(C)(3)	1,000.	0.			GRANT
JUNIOR ACHIEVEMENT OF CENTRAL IOWA, INC. - 6100 GRAND AVENUE - DES MOINES, IA 50312	42-0759070	501(C)(3)	2,000.	0.			ST. JOSEPH SCHOOL SCHOLARSHIP

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
JUNIOR ACHIEVEMENT OF CENTRAL IOWA, INC. - 6100 GRAND AVENUE - DES MOINES, IA 50312	42-0759070	501(C)(3)	2,500.	0.			2012 STOCK MARKET CHALLENGE
JUNIOR ACHIEVEMENT OF CENTRAL IOWA, INC. - 6100 GRAND AVENUE - DES MOINES, IA 50312	42-0759070	501(C)(3)	2,500.	0.			GRANT
JUNIOR ACHIEVEMENT OF CENTRAL IOWA, INC. - 6100 GRAND AVENUE - DES MOINES, IA 50312	42-0759070	501(C)(3)	5,000.	0.			CONTRIBUTION
JUNIOR ACHIEVEMENT OF CENTRAL IOWA, INC. - 6100 GRAND AVENUE - DES MOINES, IA 50312	42-0759070	501(C)(3)	25,000.	0.			2012 CONTRIBUTION ON BEHALF OF MARY AND PETER M. COWNIE
KANSAS STATE UNIVERSITY 116 ACKERT HALL MANHATTAN, KS 66506	48-0667209	501(C)(3)	2,500.	0.			AHEARN FUND
KANSAS STATE UNIVERSITY 116 ACKERT HALL MANHATTAN, KS 66506	48-0667209	501(C)(3)	3,000.	0.			AHEARN FUND
KANSAS STATE UNIVERSITY 116 ACKERT HALL MANHATTAN, KS 66506	48-0667209	501(C)(3)	5,000.	0.			AHEARN FUND
KANSAS STATE UNIVERSITY 116 ACKERT HALL MANHATTAN, KS 66506	48-0667209	501(C)(3)	5,000.	0.			AHEARN FUND - WEST STADIUM CENTER
KANSAS STATE UNIVERSITY FOUNDATION 2323 ANDERSON AVENUE, SUITE 500 MANHATTAN, KS 66502-2911	48-0667209	501(C)(3)	200.	0.			KANSAS STATE UNIVERSITY FOUNDATION BOARD OF TRUSTEES ANNUAL MEETING

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
KANSAS STATE UNIVERSITY FOUNDATION 2323 ANDERSON AVENUE, SUITE 500 MANHATTAN, KS 66502-2911	48-0667209	501(C)(3)	250.	0.			GRANT FOR CREDIT TO COLLEGE OF HUMAN ECOLOGY
KANSAS STATE UNIVERSITY FOUNDATION 2323 ANDERSON AVENUE, SUITE 500 MANHATTAN, KS 66502-2911	48-0667209	501(C)(3)	5,000.	0.			GRANT
KEEP IOWA BEAUTIFUL 300 E LOCUST STREET, SUITE 100 DES MOINES, IA 50309	42-1497912	501(C)(3)	10,969.	0.			ANNUAL DISTRIBUTION
KEOKUK COUNTY 204 S STONE SIGOURNEY, IA 52591	42-6005216	501(C)(3)	5,000.	0.			SHERIFF'S DEPARTMENT
KHOI 410 DOUGLAS AVENUE AMES, IA 50010	27-1365272	501(C)(3)	6,000.	0.			STUDIO-TO-TOWER LINK SYSTEM
KINGSLEY-PIERSON COMMUNITY SCHOOL PO BOX 520 KINGSLEY, IA 51028	42-6040463	501(C)(3)	10,000.	0.			OUTDOOR CLASSROOM
KIWANIS INTERNATIONAL INC. 422 W GREEN STREET WINTERSET, IA 50273	42-6057150	501(C)(3)	1,000.	0.			MONTHLY DELIVERY OF USDA FOOD BOXES
KIWANIS INTERNATIONAL INC. 422 W GREEN STREET WINTERSET, IA 50273	42-6057150	501(C)(3)	10,000.	0.			YOUNG'S PARK
KNOXVILLE COMMUNITY SCHOOL DISTRICT - 309 W MAIN STREET - KNOXVILLE, IA 50138	42-6036631	501(C)(3)	4,000.	0.			EDUCATIONAL MINI-GRANTS

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
KNOXVILLE COMMUNITY SCHOOL DISTRICT - 309 W MAIN STREET - KNOXVILLE, IA 50138	42-6036631	501(C)(3)	6,000.	0.			AUDITORIUM PROJECT
KNOXVILLE PUBLIC LIBRARY 213 E MONTGOMERY STREET KNOXVILLE, IA 50138	42-6004843	501(C)(3)	15,000.	0.			LIBRARY EXPANSION
LAKES AREA HOCKEY ASSOCIATION PO BOX 10 SPIRIT LAKE, IA 51360	42-1512329	501(C)(3)	100,000.	0.			GRANT
LAKES COMMUNITY LAND TRUST INC. 2650 ENTERPRISE AVENUE SPIRIT LAKE, IA 51360	20-5146017	501(C)(3)	11,786.	0.			GREEN IOWA AMERICORPS PARTNERSHIP
LANCASTER CHRISTIAN CHURCH 22998 275TH STREET SIGOURNEY, IA 52591	23-7288065	501(C)(3)	15,000.	0.			REGULAR GIVING
LARRABEE COMMUNITY FIRE ASSOCIATION - LARRABEE FIRE DEPARTMENT - LARRABEE, IA 51029	42-1183717	170(B)	8,000.	0.			FIRE TANKER
LAURENS-MARATHON COMMUNITY SCHOOL 300 W GARFIELD STREET LAURENS, IA 50554	42-1056677	170(B)	5,000.	0.			EBOOKS FOR SCHOOL
LE MARS AREA FAMILY YMCA 201 12TH STREET SE LE MARS, IA 51031	42-1413807	501(C)(3)	7,500.	0.			GYM DIVIDER
LE MARS COMMUNITY SCHOOL DISTRICT FOUNDATION - 940 LINCOLN STREET SW - LE MARS, IA 51031	42-0637691	501(C)(3)	5,000.	0.			ELEMENTARY LIBRARY

Schedule I (Form 990)



COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
LINK ASSOCIATES 1452 29TH STREET WEST DES MOINES, IA 50266	42-0815363	501(C)(3)	1,000.	0.			CAPITAL CAMPAIGN
LINK ASSOCIATES 1452 29TH STREET WEST DES MOINES, IA 50266	42-0815363	501(C)(3)	20,000.	0.			CAPITAL BUILDING FUND
LITTLE LEAGUE BASEBALL, INC. PO BOX 842 PELLA, IA 50219	30-0533501	501(C)(3)	2,156.	0.			WEBSTER CITY LITTLE LEAGUE BATTING CAGES
LITTLE LEAGUE BASEBALL, INC. PO BOX 842 PELLA, IA 50219	30-0533501	501(C)(3)	2,500.	0.			SIX DUGOUTS
LITTLE LEAGUE BASEBALL, INC. PO BOX 842 PELLA, IA 50219	30-0533501	501(C)(3)	9,000.	0.			RESURFACING OF GIRLS AND BOYS BASEBALL FIELD
LIVING HISTORY FARMS 2600 NW 111TH STREET URBANDALE, IA 50322	42-6127198	501(C)(3)	500.	0.			2012 CONTRIBUTION
LIVING HISTORY FARMS 2600 NW 111TH STREET URBANDALE, IA 50322	42-6127198	501(C)(3)	1,000.	0.			GRANT
LIVING HISTORY FARMS 2600 NW 111TH STREET URBANDALE, IA 50322	42-6127198	501(C)(3)	1,000.	0.			GRANT
LIVING HISTORY FARMS 2600 NW 111TH STREET URBANDALE, IA 50322	42-6127198	501(C)(3)	2,500.	0.			ANNUAL GALA - DONATION

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES

Schedule I (Form 990)

F/K/A GREATER DES MOINES COMMUNITY FDN

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
LIVING HISTORY FARMS 2600 NW 111TH STREET URBANDALE, IA 50322	42-6127198	501(C)(3)	5,000.	0.			GRANT
LIVING HISTORY FARMS 2600 NW 111TH STREET URBANDALE, IA 50322	42-6127198	501(C)(3)	5,000.	0.			GRANT
LIVING HISTORY FARMS 2600 NW 111TH STREET URBANDALE, IA 50322	42-6127198	501(C)(3)	5,000.	0.			GRANT
LOYOLA UNIVERSITY CHICAGO SCHOOL OF BUSINESS - 1 E PEARSON STREET - CHICAGO, IL 60611	36-1408475	501(C)(3)	5,000.	0.			SCHOLARSHIP FOR JOHN SCHMIDT
LUTHER MEMORIAL CHURCH 1201 GRANDVIEW AVENUE DES MOINES, IA 50316-1392	42-6081637	501(C)(3)	20,000.	0.			CONTRIBUTION
LUTHERAN CHURCH OF HOPE 925 JORDAN CREEK PARKWAY WEST DES MOINES, IA 50266	42-1368046	501(C)(3)	100.	0.			GRANT
LUTHERAN CHURCH OF HOPE 925 JORDAN CREEK PARKWAY WEST DES MOINES, IA 50266	42-1368046	501(C)(3)	1,500.	0.			BH4TW COMMITMENT - MATT & CARA CAMPBELL
LUTHERAN CHURCH OF HOPE 925 JORDAN CREEK PARKWAY WEST DES MOINES, IA 50266	42-1368046	501(C)(3)	4,200.	0.			LENTEN MISSIONS PROJECT 1 CHURCH
LUTHERAN CHURCH OF HOPE 925 JORDAN CREEK PARKWAY WEST DES MOINES, IA 50266	42-1368046	501(C)(3)	5,481.	0.			GRANT

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
LUTHERAN CHURCH OF HOPE 925 JORDAN CREEK PARKWAY WEST DES MOINES, IA 50266	42-1368046	501(C)(3)	15,600.	0.			GENERAL FUND
LUTHERAN CHURCH OF HOPE 925 JORDAN CREEK PARKWAY WEST DES MOINES, IA 50266	42-1368046	501(C)(3)	21,000.	0.			LENT PROJECT
LUTHERAN CHURCH OF HOPE 925 JORDAN CREEK PARKWAY WEST DES MOINES, IA 50266	42-1368046	501(C)(3)	25,000.	0.			BUILDING HOPE
LUTHERAN CHURCH OF HOPE 925 JORDAN CREEK PARKWAY WEST DES MOINES, IA 50266	42-1368046	501(C)(3)	30,000.	0.			BH4 THE WORLD
LUTHERAN CHURCH OF HOPE 925 JORDAN CREEK PARKWAY WEST DES MOINES, IA 50266	42-1368046	501(C)(3)	2,000.	0.			SOUPER BOWL FOOD DRIVE FOR FOOD PANTRIES
LUTHERAN CHURCH OF HOPE 925 JORDAN CREEK PARKWAY WEST DES MOINES, IA 50266	42-1368046	501(C)(3)	5,000.	0.			2012 COMMITMENT
LUTHERAN CHURCH OF HOPE 925 JORDAN CREEK PARKWAY WEST DES MOINES, IA 50266	42-1368046	501(C)(3)	5,000.	0.			2012 COMMITMENT
LUTHERAN CHURCH OF THE CROSS 1701 8TH STREET SW ALTOONA, IA 50009	42-1237309	501(C)(3)	550.	0.			GRANT
LUTHERAN CHURCH OF THE CROSS 1701 8TH STREET SW ALTOONA, IA 50009	42-1237309	501(C)(3)	2,000.	0.			DISBURSEMENT

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
LUTHERAN CHURCH OF THE CROSS 1701 8TH STREET SW ALTOONA, IA 50009	42-1237309	501(C)(3)	3,000.	0.			GRANT
LUTHERAN SERVICES IN IOWA 3116 UNIVERSITY AVENUE DES MOINES, IA 50311-3845	42-0698267	501(C)(3)	180.	0.			FOR REFUGEE SERVICES
LUTHERAN SERVICES IN IOWA 3116 UNIVERSITY AVENUE DES MOINES, IA 50311-3845	42-0698267	501(C)(3)	800.	0.			PROJECT ACTIVE
LUTHERAN SERVICES IN IOWA 3116 UNIVERSITY AVENUE DES MOINES, IA 50311-3845	42-0698267	501(C)(3)	2,630.	0.			NEW PARENT PROGRAM
LUTHERAN SERVICES IN IOWA 3116 UNIVERSITY AVENUE DES MOINES, IA 50311-3845	42-0698267	501(C)(3)	5,000.	0.			REFUGEE COMMUNITY SERVICES PROGRAM
MADISON COUNTY CHAMBER OF COMMERCE 73 JEFFERSON STREET WINTERSET, IA 50273	42-1097705	501(C)(6)	12,000.	0.			COURTHOUSE BELL
MAHASKA COUNTY RECREATION FOUNDATION - 2055 238TH STREET - OSKALOOSA, IA 52577	42-1490426	501(C)(3)	9,545.	0.			BATTING CAGES AT LACEY COMPLEX
MAHASKA COUNTY YMCA 414 N 3RD STREET OSKALOOSA, IA 52577	42-0741010	501(C)(3)	7,100.	0.			CAPACITY BUILDING
MAIN STREET ADEL CHAMBER OF COMMERCE - 301 S 10TH STREET - ADEL, IA 50003	42-1385860	501(C)(3)	5,000.	0.			UPDATE RESTROOMS TO HANDICAPPED ACCESSIBLE

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
MAIN STREET MOUNT PLEASANT 124 S MAIN STREET MT. PLEASANT, IA 52641	42-1124755	501(C)(3)	20,000.	0.			UNION BLOCK REHABILITATION
MAINSTREAM LIVING 333 SW 9TH STREET, SUITE C DES MOINES, IA 50309	42-1042459	501(C)(3)	923.	0.			SNOEZELEN CENTER SWING
MAINSTREAM LIVING 333 SW 9TH STREET, SUITE C DES MOINES, IA 50309	42-1042459	501(C)(3)	5,000.	0.			GRANT
MARION COUNTY 214 E MAIN STREET KNOXVILLE, IA 50138	42-1315275	501(C)(3)	1,500.	0.			CARPET FOR SENIOR CENTER
MARION COUNTY 214 E MAIN STREET KNOXVILLE, IA 50138	42-1315275	501(C)(3)	3,000.	0.			BACK TO SCHOOL EVENT
MARION COUNTY 214 E MAIN STREET KNOXVILLE, IA 50138	42-1315275	501(C)(3)	3,000.	0.			DELIVERY BAGS FOR HOME-DELIVERED MEALS
MARION COUNTY 214 E MAIN STREET KNOXVILLE, IA 50138	42-1315275	501(C)(3)	3,000.	0.			ICE RESCUE EQUIPMENT
MARION COUNTY 214 E MAIN STREET KNOXVILLE, IA 50138	42-1315275	501(C)(3)	3,300.	0.			NEW SITE
MARTENSDALE LIONS CLUB 395 IOWA AVENUE MARTENSDALE, IA 50160	36-1263962	501(C)(3)	5,000.	0.			NEW SIDING FOR BUILDING

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
MCKINLEY ELEMENTARY SCHOOL 1610 SE 6TH STREET DES MOINES, IA 50315	42-6001433	170(B)	5,000.	0.			GRANT
MEALS FROM THE HEARTLAND 7780 OFFICE PLAZA DRIVE, SUITE 136 WEST DES MOINES, IA 50266	26-3443290	501(C)(3)	100.	0.			DONATION TO HELP FUND VALLEY CHURCH 5TH AND 6TH GRADE PACKAGING EVENT HELD APRIL 18TH
MEALS FROM THE HEARTLAND 7780 OFFICE PLAZA DRIVE, SUITE 136 WEST DES MOINES, IA 50266	26-3443290	501(C)(3)	500.	0.			GRANT
MEALS FROM THE HEARTLAND 7780 OFFICE PLAZA DRIVE, SUITE 136 WEST DES MOINES, IA 50266	26-3443290	501(C)(3)	500.	0.			WAUKEE SERVES PACKAGING EVENT MAY 5TH- ANONYMOUS DONATION ON BEHALF OF ST. BONIFACE PARISH
MEALS FROM THE HEARTLAND 7780 OFFICE PLAZA DRIVE, SUITE 136 WEST DES MOINES, IA 50266	26-3443290	501(C)(3)	1,000.	0.			GENERAL FUND
MEALS FROM THE HEARTLAND 7780 OFFICE PLAZA DRIVE, SUITE 136 WEST DES MOINES, IA 50266	26-3443290	501(C)(3)	2,500.	0.			ANNUAL HUNGER FIGHT
MEALS FROM THE HEARTLAND 7780 OFFICE PLAZA DRIVE, SUITE 136 WEST DES MOINES, IA 50266	26-3443290	501(C)(3)	2,500.	0.			GRANT
MEALS FROM THE HEARTLAND 7780 OFFICE PLAZA DRIVE, SUITE 136 WEST DES MOINES, IA 50266	26-3443290	501(C)(3)	2,500.	0.			MEALS FROM THE HEARTLAND
MEALS FROM THE HEARTLAND 7780 OFFICE PLAZA DRIVE, SUITE 136 WEST DES MOINES, IA 50266	26-3443290	501(C)(3)	5,425.	0.			DONATION FOR PACKAGING MEALS.

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
MEALS FROM THE HEARTLAND 7780 OFFICE PLAZA DRIVE, SUITE 136 WEST DES MOINES, IA 50266	26-3443290	501(C)(3)	10,000.	0.			CAPITAL CAMPAIGN FOR BUILDING
MEALS FROM THE HEARTLAND 7780 OFFICE PLAZA DRIVE, SUITE 136 WEST DES MOINES, IA 50266	26-3443290	501(C)(3)	50,000.	0.			CAPITAL CAMPAIGN/PACKAGING CENTER
MEALS FROM THE HEARTLAND 7780 OFFICE PLAZA DRIVE, SUITE 136 WEST DES MOINES, IA 50266	26-3443290	501(C)(3)	50,000.	0.			NEW BUILDING PROJECT
MENLO FIRE AND RESCUE FOUNDATION INC. - 412 SHERMAN STREET - MENLO, IA 50164	27-2863756	501(C)(3)	10,832.	0.			TWO NEW DEFIBRILLATORS
MENTOR IOWA 3900 INGERSOLL AVENUE, SUITE 102 DES MOINES, IA 50312	23-7329212	501(C)(3)	110.	0.			MANUP
MENTOR IOWA 3900 INGERSOLL AVENUE, SUITE 102 DES MOINES, IA 50312	23-7329212	501(C)(3)	1,500.	0.			GRANT
MENTOR IOWA 3900 INGERSOLL AVENUE, SUITE 102 DES MOINES, IA 50312	23-7329212	501(C)(3)	2,000.	0.			GRANT
MENTOR IOWA 3900 INGERSOLL AVENUE, SUITE 102 DES MOINES, IA 50312	23-7329212	501(C)(3)	2,300.	0.			GIRL POWER PROGRAM
MERCY FOUNDATION 411 LAUREL STREET, SUITE 2250 DES MOINES, IA 50314	23-7358794	501(C)(3)	25.	0.			GRANT

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 FOUNDATION 411 LAUREL STREET, SUITE 2250 DES MOINES, IA 50314	23-7358794	501(C)(3)	300.	0.			HOUSE OF MERCY GALA
MERCY FOUNDATION 411 LAUREL STREET, SUITE 2250 DES MOINES, IA 50314	23-7358794	501(C)(3)	500.	0.			ART OF SILENT AUCTION
MERCY FOUNDATION 411 LAUREL STREET, SUITE 2250 DES MOINES, IA 50314	23-7358794	501(C)(3)	500.	0.			SPIRIT OF MERCY
MERCY FOUNDATION 411 LAUREL STREET, SUITE 2250 DES MOINES, IA 50314	23-7358794	501(C)(3)	800.	0.			HOUSE OF MERCY GAME SHOW GALA
MERCY FOUNDATION 411 LAUREL STREET, SUITE 2250 DES MOINES, IA 50314	23-7358794	501(C)(3)	1,500.	0.			2012 HOUSE OF MERCY GAME SHOW GALA CONTRIBUTION
MERCY FOUNDATION 411 LAUREL STREET, SUITE 2250 DES MOINES, IA 50314	23-7358794	501(C)(3)	2,500.	0.			MERCY CHILDREN'S CENTER AND HOUSE OF MERCY IN HONOR OF CARMELA BROWN
MERCY FOUNDATION 411 LAUREL STREET, SUITE 2250 DES MOINES, IA 50314	23-7358794	501(C)(3)	2,500.	0.			SPIRIT OF MERCY
MERCY FOUNDATION 411 LAUREL STREET, SUITE 2250 DES MOINES, IA 50314	23-7358794	501(C)(3)	5,000.	0.			IMPLEMENTATION OF 1ST FIVE IN MERCY CENTRAL PEDIATRICS CLINIC
MERCY FOUNDATION 411 LAUREL STREET, SUITE 2250 DES MOINES, IA 50314	23-7358794	501(C)(3)	30,000.	0.			PEDS/ PICU RENOVATION

Schedule I (Form 990)



COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 FOUNDATION 411 LAUREL STREET, SUITE 2250 DES MOINES, IA 50314	23-7358794	501(C)(3)	50,000.	0.			WEST LAKES HOSPITAL CAMPAIGN CONTRIBUTION
MEREDITH DRIVE REFORMED CHURCH 5128 MEREDITH DRIVE DES MOINES, IA 50310	42-1002374	501(C)(3)	100.	0.			PROJECT KEY
MEREDITH DRIVE REFORMED CHURCH 5128 MEREDITH DRIVE DES MOINES, IA 50310	42-1002374	501(C)(3)	290.	0.			HAITIAN EDUCATION PROGRAM
MEREDITH DRIVE REFORMED CHURCH 5128 MEREDITH DRIVE DES MOINES, IA 50310	42-1002374	501(C)(3)	1,000.	0.			PROJECT KEY
MEREDITH DRIVE REFORMED CHURCH 5128 MEREDITH DRIVE DES MOINES, IA 50310	42-1002374	501(C)(3)	1,200.	0.			GENERAL SUPPORT
MEREDITH DRIVE REFORMED CHURCH 5128 MEREDITH DRIVE DES MOINES, IA 50310	42-1002374	501(C)(3)	1,200.	0.			GENERAL SUPPORT
MEREDITH DRIVE REFORMED CHURCH 5128 MEREDITH DRIVE DES MOINES, IA 50310	42-1002374	501(C)(3)	1,200.	0.			GENERAL SUPPORT
MEREDITH DRIVE REFORMED CHURCH 5128 MEREDITH DRIVE DES MOINES, IA 50310	42-1002374	501(C)(3)	1,200.	0.			GENERAL SUPPORT
MEREDITH DRIVE REFORMED CHURCH 5128 MEREDITH DRIVE DES MOINES, IA 50310	42-1002374	501(C)(3)	3,500.	0.			GRANT

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
MID-IOWA COMMUNITY ACTION INC. 1001 S 18TH AVENUE MARSHALLTOWN, IA 50158	42-0923311	501(C)(3)	250.	0.			FOOD PANTRY
MID-IOWA COMMUNITY ACTION INC. 1001 S 18TH AVENUE MARSHALLTOWN, IA 50158	42-0923311	501(C)(3)	500.	0.			STORY COUNTY DENTAL CLINIC
MID-IOWA COMMUNITY ACTION INC. 1001 S 18TH AVENUE MARSHALLTOWN, IA 50158	42-0923311	501(C)(3)	998.	0.			STORY COUNTY DENTAL CLINIC
MID-IOWA COMMUNITY ACTION INC. 1001 S 18TH AVENUE MARSHALLTOWN, IA 50158	42-0923311	501(C)(3)	4,531.	0.			DENTAL CLINIC
MID-IOWA COUNCIL, BOY SCOUTS OF AMERICA - PO BOX 3009 - DES MOINES, IA 50316	42-0981715	501(C)(3)	250.	0.			GOVERNOR'S LUNCHEON, FRIEND OF SCOUTING, FROM KURT RASMUSSEN
MID-IOWA COUNCIL, BOY SCOUTS OF AMERICA - PO BOX 3009 - DES MOINES, IA 50316	42-0981715	501(C)(3)	250.	0.			MID-IOWA COUNCIL FRIENDS OF SCOUTING CAMPAIGN
MID-IOWA COUNCIL, BOY SCOUTS OF AMERICA - PO BOX 3009 - DES MOINES, IA 50316	42-0981715	501(C)(3)	500.	0.			BOY SCOUTS
MID-IOWA COUNCIL, BOY SCOUTS OF AMERICA - PO BOX 3009 - DES MOINES, IA 50316	42-0981715	501(C)(3)	500.	0.			TRAILER REPLACEMENT
MID-IOWA COUNCIL, BOY SCOUTS OF AMERICA - PO BOX 3009 - DES MOINES, IA 50316	42-0981715	501(C)(3)	5,000.	0.			GRANT

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
MID-IOWA COUNCIL, BOY SCOUTS OF AMERICA - PO BOX 3009 - DES MOINES, IA 50316	42-0981715	501(C)(3)	5,000.	0.			SPONSORSHIP CONTRIBUTION GOVERNOR'S LUNCHEON FOR SCOUTING JANUARY 18, 2012
MIDWEST OLD SETTLERS & THRESHERS ASSOCIATION INC. - 405 E THRESHERS ROAD - MT. PLEASANT, IA 52641	42-0777257	501(C)(3)	7,500.	0.			LOG VILLAGE RESTROOM/SHOWER BUILDING
MITCHELL COUNTY CONSERVATION 18793 HIGHWAY 9 OSAGE, IA 50461	42-1490491	170(B)	5,000.	0.			PARKING FOR VEHICLES ON THE TRAIL
MITCHELL COUNTY ECONOMIC DEVELOPMENT COMMISSION - 509 STATE STREET - OSAGE, IA 50461	42-1515842	501(C)(3)	436.	0.			IMAP ADMIN. REIMBURSEMENT
MITCHELL COUNTY ECONOMIC DEVELOPMENT COMMISSION - 509 STATE STREET - OSAGE, IA 50461	42-1515842	501(C)(3)	998.	0.			IMAP ADMIN. REIMBURSEMENT
MITCHELL COUNTY ECONOMIC DEVELOPMENT COMMISSION - 509 STATE STREET - OSAGE, IA 50461	42-1515842	501(C)(3)	1,000.	0.			2012 ADMINISTRATION ASSISTANCE REIMBURSEMENT
MITCHELL COUNTY ECONOMIC DEVELOPMENT COMMISSION - 509 STATE STREET - OSAGE, IA 50461	42-1515842	501(C)(3)	1,259.	0.			IMAP ADMIN REIMBURSEMENT
MITCHELL COUNTY ECONOMIC DEVELOPMENT COMMISSION - 509 STATE STREET - OSAGE, IA 50461	42-1515842	501(C)(3)	1,273.	0.			ADMIN REIMBURSEMENT
MITCHELL COUNTY ECONOMIC DEVELOPMENT COMMISSION - 509 STATE STREET - OSAGE, IA 50461	42-1515842	501(C)(3)	1,317.	0.			BRENDA DRYER COST AND ADMIN COST

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
MITCHELL COUNTY ECONOMIC DEVELOPMENT COMMISSION - 509 STATE STREET - OSAGE, IA 50461	42-1515842	501(C)(3)	1,322.	0.			BRENDA DRYER HOURS AND ADMIN COSTS
MITCHELL COUNTY ECONOMIC DEVELOPMENT COMMISSION - 509 STATE STREET - OSAGE, IA 50461	42-1515842	501(C)(3)	1,336.	0.			BRENDA DRYER COST AND ADMIN COST
MITCHELL COUNTY ECONOMIC DEVELOPMENT COMMISSION - 509 STATE STREET - OSAGE, IA 50461	42-1515842	501(C)(3)	1,355.	0.			ADMIN AND CONSULTANT REIMBURSEMENT
MITCHELL COUNTY ECONOMIC DEVELOPMENT COMMISSION - 509 STATE STREET - OSAGE, IA 50461	42-1515842	501(C)(3)	1,394.	0.			IMAP ADMIN. REIMBURSEMENT
MITCHELL COUNTY ECONOMIC DEVELOPMENT COMMISSION - 509 STATE STREET - OSAGE, IA 50461	42-1515842	501(C)(3)	2,116.	0.			IMAP ADMIN AND CONSULTANT REIMBURSEMENT
MITCHELL COUNTY ECONOMIC DEVELOPMENT COMMISSION - 509 STATE STREET - OSAGE, IA 50461	42-1515842	501(C)(3)	2,195.	0.			OCTOBER CONSULTING HOURS
MITCHELL COUNTY ECONOMIC DEVELOPMENT COMMISSION - 509 STATE STREET - OSAGE, IA 50461	42-1515842	501(C)(3)	3,875.	0.			WORKFORCE TRAINING
MITCHELL COUNTY ECONOMIC DEVELOPMENT COMMISSION - 509 STATE STREET - OSAGE, IA 50461	42-1515842	501(C)(3)	4,000.	0.			7TH AND 8TH GRADE E-SHIP CAMP
MITCHELL COUNTY REGIONAL HEALTH CENTER - 616 N 8TH STREET - OSAGE, IA 50461	42-1286938	501(C)(3)	5,000.	0.			CONCUSSION MANAGEMENT PROGRAM

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
MONROE COUNTY HISTORICAL SOCIETY 114 A AVENUE E ALBIA, IA 52531	42-1162941	501(C)(3)	10,000.	0.			MUSEUM BUILDING
MONROE COUNTY IOWA COMMUNITY FOUNDATION - 1 BENTON AVENUE W - ALBIA, IA 52531	42-1427739	501(C)(3)	2,000.	0.			CAMPING SUPPLIES
MONROE COUNTY IOWA COMMUNITY FOUNDATION - 1 BENTON AVENUE W - ALBIA, IA 52531	42-1427739	501(C)(3)	2,000.	0.			RESTORATION AT CEMETERY
MONROE COUNTY IOWA COMMUNITY FOUNDATION - 1 BENTON AVENUE W - ALBIA, IA 52531	42-1427739	501(C)(3)	2,200.	0.			MEMORIAL PROJECT
MONROE COUNTY IOWA COMMUNITY FOUNDATION - 1 BENTON AVENUE W - ALBIA, IA 52531	42-1427739	501(C)(3)	10,000.	0.			LITTLE LEAGUE FIELD UPDATES
MONROE COUNTY IOWA COMMUNITY FOUNDATION - 1 BENTON AVENUE W - ALBIA, IA 52531	42-1427739	501(C)(3)	12,000.	0.			CLAY TARGET SHOOTING RANGE
MONROE COUNTY PUBLIC HEALTH 1801 SOUTH B STREET ALBIA, IA 52531	42-6004185	170(B)	3,725.	0.			LIFE SKILLS
MONROE COUNTY PUBLIC HEALTH 1801 SOUTH B STREET ALBIA, IA 52531	42-6004185	170(B)	4,000.	0.			HOPES HEALTHY FAMILIES
MOSAIC 11141 AURORA AVENUE, BLDG. 3 URBANDALE, IA 50322	11-3669999	501(C)(3)	2,800.	0.			ADA ACCESSIBLE POOL

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
MOSAIC 11141 AURORA AVENUE, BLDG. 3 URBANDALE, IA 50322	11-3669999	501(C)(3)	4,000.	0.			TRANQUILITY GARDEN AT EVERGREEN SENIOR LIVING
MT. PLEASANT COMMUNITY SCHOOL FOUNDATION - 1024 E OAKBROOK LANE - MT. PLEASANT, IA 52641	42-1446964	501(C)(3)	1,000.	0.			PERCUSSION EQUIPMENT
MT. PLEASANT COMMUNITY SCHOOL FOUNDATION - 1024 E OAKBROOK LANE - MT. PLEASANT, IA 52641	42-1446964	501(C)(3)	4,000.	0.			COMMERCIAL GRADE KITCHEN EQUIPMENT
NATIONAL GALLERY OF ART 2000 S CLUB DRIVE LANDOVER, MD 20785	53-6001666	501(C)(3)	15,000.	0.			COLLECTORS COMMITTEE
NATIONAL SPRINT CAR HALL OF FAME & MUSEUM FOUNDATION INC. - ONE SPRINT CAPITAL PLACE - KNOXVILLE, IA 50138	42-1276468	501(C)(3)	1,000.	0.			UNIFORM DISPLAY CASES
NATIONAL SPRINT CAR HALL OF FAME & MUSEUM FOUNDATION INC. - ONE SPRINT CAPITAL PLACE - KNOXVILLE, IA 50138	42-1276468	501(C)(3)	6,133.	0.			DISTRIBUTION FOR OPERATIONS
NATIONAL SPRINT CAR HALL OF FAME & MUSEUM FOUNDATION INC. - ONE SPRINT CAPITAL PLACE - KNOXVILLE, IA 50138	42-1276468	501(C)(3)	10,000.	0.			EXPAND THE DREAM
NEVADA COMMUNITY HISTORICAL SOCIETY - PO BOX 113 - NEVADA, IA 50201	42-6000523	501(C)(3)	2,500.	0.			DATABASE MANAGEMENT TRAINING
NEVADA COMMUNITY HISTORICAL SOCIETY - PO BOX 113 - NEVADA, IA 50201	42-6000523	501(C)(3)	6,000.	0.			RESTORATION WORK ON SHUTTERS

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
NEVADA PUBLIC LIBRARY 631 K AVENUE NEVADA, IA 50201	42-6005023	501(C)(3)	6,000.	0.			DRIVE-UP BOOK RETURNS
NEW MARKET FOUNDATION PO BOX 96 NEW MARKET, IA 51646	72-1573755	501(C)(3)	2,500.	0.			CEMETERY IMPROVEMENTS
NEW MARKET FOUNDATION PO BOX 96 NEW MARKET, IA 51646	72-1573755	501(C)(3)	10,000.	0.			MINER PAVILIONS- FACILITY AND EQUIPMENT UPGRADES
NORTH MAHASKA COMMUNITY SCHOOL 2163 135TH STREET NEW SHARON, IA 50207	42-6036297	501(C)(3)	10,000.	0.			FITNESS CENTER
NORTHERN IOWA RIVER GREENBELT 1275 TAYLOR AVENUE BELMOND, IA 50438	42-1393296	501(C)(3)	2,300.	0.			TRAIL EXTENSIONS
NORTHERN IOWA RIVER GREENBELT 1275 TAYLOR AVENUE BELMOND, IA 50438	42-1393296	501(C)(3)	3,500.	0.			TRAIL EXTENSION
OAKRIDGE NEIGHBORHOOD SERVICES 1401 CENTER STREET DES MOINES, IA 50314	42-1311721	501(C)(3)	1,000.	0.			2012 DIRECTOR DESIGNATED GRANTS - NOLDEN GENTRY AND TERE E CALDWELL-JOHNSON
OAKRIDGE NEIGHBORHOOD SERVICES 1401 CENTER STREET DES MOINES, IA 50314	42-1311721	501(C)(3)	1,000.	0.			CONTRIBUTION IN LIEU OF GALA TABLE
OAKRIDGE NEIGHBORHOOD SERVICES 1401 CENTER STREET DES MOINES, IA 50314	42-1311721	501(C)(3)	1,000.	0.			GRANT

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
OAKRIDGE NEIGHBORHOOD SERVICES 1401 CENTER STREET DES MOINES, IA 50314	42-1311721	501(C)(3)	1,000.	0.			GRANT
OAKRIDGE NEIGHBORHOOD SERVICES 1401 CENTER STREET DES MOINES, IA 50314	42-1311721	501(C)(3)	7,000.	0.			STRATEGIC AND SUCCESSION PLANNING
OAKRIDGE NEIGHBORHOOD SERVICES 1401 CENTER STREET DES MOINES, IA 50314	42-1311721	501(C)(3)	10,000.	0.			GRANT
OAKRIDGE NEIGHBORHOOD SERVICES 1401 CENTER STREET DES MOINES, IA 50314	42-1311721	501(C)(3)	20,000.	0.			SUMMER PROGRAM
OAKRIDGE NEIGHBORHOOD SERVICES 1401 CENTER STREET DES MOINES, IA 50314	42-1311721	501(C)(3)	32,995.	0.			ANNUAL DISTRIBUTION
OAKRIDGE NEIGHBORHOOD SERVICES 1401 CENTER STREET DES MOINES, IA 50314	42-1311721	501(C)(3)	150,000.	0.			ADDITIONAL DISTRIBUTION
OKOBOJI COMMUNITY SCHOOL DISTRICT 708 NORTH AVENUE MILFORD, IA 51351	42-6002686	501(C)(3)	2,100.	0.			8 TO GREAT
OKOBOJI COMMUNITY SCHOOL DISTRICT 708 NORTH AVENUE MILFORD, IA 51351	42-6002686	501(C)(3)	5,300.	0.			GREENHOUSE CONSTRUCTION
OKOBOJI FOUNDATION OPERATIONS & PROJECTS FUND - 1915 GRAND AVENUE - DES MOINES, IA 50309	42-6139033	501(C)(3)	149.	0.			GRANT

Schedule I (Form 990)



COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
OKOBOJI FOUNDATION OPERATIONS & PROJECTS FUND - 1915 GRAND AVENUE - DES MOINES, IA 50309	42-6139033	501(C)(3)	813.	0.			GRANT
OKOBOJI FOUNDATION OPERATIONS & PROJECTS FUND - 1915 GRAND AVENUE - DES MOINES, IA 50309	42-6139033	501(C)(3)	975.	0.			GRANT
OKOBOJI FOUNDATION OPERATIONS & PROJECTS FUND - 1915 GRAND AVENUE - DES MOINES, IA 50309	42-6139033	501(C)(3)	1,963.	0.			GRANT
OKOBOJI FOUNDATION OPERATIONS & PROJECTS FUND - 1915 GRAND AVENUE - DES MOINES, IA 50309	42-6139033	501(C)(3)	2,525.	0.			GRANT
OKOBOJI FOUNDATION OPERATIONS & PROJECTS FUND - 1915 GRAND AVENUE - DES MOINES, IA 50309	42-6139033	501(C)(3)	2,950.	0.			GRANT
OKOBOJI FOUNDATION OPERATIONS & PROJECTS FUND - 1915 GRAND AVENUE - DES MOINES, IA 50309	42-6139033	501(C)(3)	8,397.	0.			GRANT
OKOBOJI PROTECTIVE ASSOCIATION PO BOX 242 OKOBOJI, IA 51355	42-1358811	501(C)(3)	1,000.	0.			GRANT
OKOBOJI PROTECTIVE ASSOCIATION PO BOX 242 OKOBOJI, IA 51355	42-1358811	501(C)(3)	5,000.	0.			ELECTRIC FISH BARRIER PROJECT
OPERATION DOWNTOWN 700 LOCUST STREET, SUITE 100 DES MOINES, IA 50309	86-1058466	501(C)(6)	4,345.	0.			INVOICE ODFY12-BEA-014

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
OPERATION DOWNTOWN 700 LOCUST STREET, SUITE 100 DES MOINES, IA 50309	86-1058466	501(C)(6)	7,513.	0.			INVOICE ODFY12-006
OPERATION DOWNTOWN 700 LOCUST STREET, SUITE 100 DES MOINES, IA 50309	86-1058466	501(C)(6)	8,516.	0.			INVOICE ODFY12-003
OPERATION DOWNTOWN 700 LOCUST STREET, SUITE 100 DES MOINES, IA 50309	86-1058466	501(C)(6)	10,800.	0.			REIMBURSEMENTS FROM AGREST AND GANDELSONAS CHECK
OPERATION DOWNTOWN 700 LOCUST STREET, SUITE 100 DES MOINES, IA 50309	86-1058466	501(C)(6)	250,000.	0.			INVOICE ODFY12-DTM-001
OPPORTUNITY LIVING 1890 E MAIN STREET LAKE CITY, IA 51449	42-1293894	501(C)(3)	5,000.	0.			REMODEL MINI GOLF COURSE
ORCHARD PLACE 2116 GRAND AVENUE DES MOINES, IA 50312	42-1463736	501(C)(3)	25.	0.			GRANT
ORCHARD PLACE 2116 GRAND AVENUE DES MOINES, IA 50312	42-1463736	501(C)(3)	100.	0.			GRANT
ORCHARD PLACE 2116 GRAND AVENUE DES MOINES, IA 50312	42-1463736	501(C)(3)	1,000.	0.			SPELLING BEE
ORCHARD PLACE 2116 GRAND AVENUE DES MOINES, IA 50312	42-1463736	501(C)(3)	2,000.	0.			GRANT

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
ORCHARD PLACE 2116 GRAND AVENUE DES MOINES, IA 50312	42-1463736	501(C)(3)	2,690.	0.			QUARTERLY DISTRIBUTION
ORCHARD PLACE 2116 GRAND AVENUE DES MOINES, IA 50312	42-1463736	501(C)(3)	2,690.	0.			QUARTERLY DISTRIBUTION
ORCHARD PLACE 2116 GRAND AVENUE DES MOINES, IA 50312	42-1463736	501(C)(3)	2,690.	0.			QUARTERLY DISTRIBUTION
ORCHARD PLACE 2116 GRAND AVENUE DES MOINES, IA 50312	42-1463736	501(C)(3)	2,690.	0.			QUARTERLY DISTRIBUTION
ORCHARD PLACE 2116 GRAND AVENUE DES MOINES, IA 50312	42-1463736	501(C)(3)	2,924.	0.			QUARTERLY DISTRIBUTION
ORCHARD PLACE 2116 GRAND AVENUE DES MOINES, IA 50312	42-1463736	501(C)(3)	2,924.	0.			QUARTERLY DISTRIBUTION
ORCHARD PLACE 2116 GRAND AVENUE DES MOINES, IA 50312	42-1463736	501(C)(3)	2,924.	0.			QUARTERLY DISTRIBUTION
ORCHARD PLACE 2116 GRAND AVENUE DES MOINES, IA 50312	42-1463736	501(C)(3)	2,924.	0.			QUARTERLY DISTRIBUTION
ORCHARD PLACE 2116 GRAND AVENUE DES MOINES, IA 50312	42-1463736	501(C)(3)	5,000.	0.			2012 MOONLIGHT CLASSIC SPONSORSHIP

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
ORCHARD PLACE 2116 GRAND AVENUE DES MOINES, IA 50312	42-1463736	501(C)(3)	5,000.	0.			9TH ANNUAL SPELLING BEE CONTRIBUTION
ORCHARD PLACE 2116 GRAND AVENUE DES MOINES, IA 50312	42-1463736	501(C)(3)	5,000.	0.			GRANT
ORCHARD PLACE 2116 GRAND AVENUE DES MOINES, IA 50312	42-1463736	501(C)(3)	7,000.	0.			PACE ENRICHMENT PROGRAM
ORCHARD PLACE 2116 GRAND AVENUE DES MOINES, IA 50312	42-1463736	501(C)(3)	250,000.	0.			OPERATING EXPENSES
ORCHARD PLACE 2116 GRAND AVENUE DES MOINES, IA 50312	42-1463736	501(C)(3)	250,000.	0.			OPERATING EXPENSES
ORCHARD PLACE - CHILD GUIDANCE CENTER - 808 5TH AVENUE - DES MOINES, IA 50309	42-1463736	501(C)(3)	100.	0.			GRANT
ORCHARD PLACE - CHILD GUIDANCE CENTER - 808 5TH AVENUE - DES MOINES, IA 50309	42-1463736	501(C)(3)	20,000.	0.			GRANT
OSAGE COMMUNITY SCHOOL 820 SAWYER DRIVE OSAGE, IA 50461	42-6025300	170(B)	5,000.	0.			IPADS AND KEYBOARDS
OSAGE LIONS CLUB 17 MAPLE LANE OSAGE, IA 50461	42-1274373	501(C)(3)	5,000.	0.			DONATION TO LIONS CLUB OUT OF SOCK SALE PROCEEDS

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
OSAGE LIONS CLUB 17 MAPLE LANE OSAGE, IA 50461	42-1274373	501(C)(3)	5,000.	0.			DONATION TO LIONS OUT OF SOCK SALE PROCEEDS
OSAGE ROTARY CLUB CHARITIES 625 MAIN STREET OSAGE, IA 50461	20-1569530	501(C)(3)	10,000.	0.			DONATION TO ROTARY OUT OF SOCK SALE PROCEEDS
OSKALOOSA COMMUNITY SCHOOL DISTRICT - PO BOX 710 - OSKALOOSA, IA 52577	42-6040432	501(C)(3)	5,060.	0.			OSKALOOSA FITNESS LEVEL PROJECT
PANORA EMS 115 NW 2ND STREET PANORA, IA 50216	26-4708103	501(C)(3)	6,000.	0.			14 DEFIBRILLATORS
PEARSON LAKES ART CENTER PO BOX 255 OKOBOJI, IA 51355	42-0930815	501(C)(3)	268.	0.			WINE FOR 2012 LAKES LEGACY EVENT
PEARSON LAKES ART CENTER PO BOX 255 OKOBOJI, IA 51355	42-0930815	501(C)(3)	495.	0.			RENTAL SERVICES AND EXPENSES FOR JUNE 24 EVENT
PEARSON LAKES ART CENTER PO BOX 255 OKOBOJI, IA 51355	42-0930815	501(C)(3)	750.	0.			GRANT
PEARSON LAKES ART CENTER PO BOX 255 OKOBOJI, IA 51355	42-0930815	501(C)(3)	1,500.	0.			PRESCHOOL PROGRAM
PEARSON LAKES ART CENTER PO BOX 255 OKOBOJI, IA 51355	42-0930815	501(C)(3)	2,000.	0.			FRIENDS OF CHILDREN'S EDUCATION

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
PEARSON LAKES ART CENTER PO BOX 255 OKOBOJI, IA 51355	42-0930815	501(C)(3)	2,000.	0.			PERFORMING ARTS PROGRAMMING
PEARSON LAKES ART CENTER PO BOX 255 OKOBOJI, IA 51355	42-0930815	501(C)(3)	2,080.	0.			ALL SCHOOL SHOW
PEARSON LAKES ART CENTER PO BOX 255 OKOBOJI, IA 51355	42-0930815	501(C)(3)	2,500.	0.			GRANT
PEARSON LAKES ART CENTER PO BOX 255 OKOBOJI, IA 51355	42-0930815	501(C)(3)	2,500.	0.			SPONSORSHIP
PEARSON LAKES ART CENTER PO BOX 255 OKOBOJI, IA 51355	42-0930815	501(C)(3)	5,000.	0.			UNRESTRICTED GRANT
PEARSON LAKES ART CENTER PO BOX 255 OKOBOJI, IA 51355	42-0930815	501(C)(3)	10,000.	0.			AUSTIN DEUEL SHOWING
PEARSON LAKES ART CENTER PO BOX 255 OKOBOJI, IA 51355	42-0930815	501(C)(3)	20,000.	0.			AUSTIN DEUEL SHOW
PEARSON LAKES ART CENTER PO BOX 255 OKOBOJI, IA 51355	42-0930815	501(C)(3)	38,721.	0.			ANNUAL DISTRIBUTION
PEOPLE ADVOCATING FOR LIBRARY SUCCESS - PO BOX 220 - STUART, IA 50250	45-4469789	501(C)(3)	5,700.	0.			ALPHA AND OMEGA

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
PERFORMING ARTS FUND IOWA STATE UNIVERSITY FOUNDATION AMES, IA 50010-0868	42-1143702	501(C)(3)	5,000.	0.			IMPRESARIO GIFT LEVEL
PIKES PEAK UNITED WAY 518 N NEVADA AVENUE COLORADO SPRINGS, CO 80903	84-0511799	501(C)(3)	10,000.	0.			WALDO CANYON FIRE VICTIM SERVICE FUND
PLANNED PARENTHOOD OF THE HEARTLAND - PO BOX 4557 - DES MOINES, IA 50305-4557	42-0727488	501(C)(3)	125.	0.			GRANT
PLANNED PARENTHOOD OF THE HEARTLAND - PO BOX 4557 - DES MOINES, IA 50305-4557	42-0727488	501(C)(3)	1,000.	0.			CONTRIBUTION
PLANNED PARENTHOOD OF THE HEARTLAND - PO BOX 4557 - DES MOINES, IA 50305-4557	42-0727488	501(C)(3)	1,000.	0.			GRANT
PLANNED PARENTHOOD OF THE HEARTLAND - PO BOX 4557 - DES MOINES, IA 50305-4557	42-0727488	501(C)(3)	1,000.	0.			UNCORK YOUR PASSION CONTRIBUTION
PLANNED PARENTHOOD OF THE HEARTLAND - PO BOX 4557 - DES MOINES, IA 50305-4557	42-0727488	501(C)(3)	1,500.	0.			GRANT
PLANNED PARENTHOOD OF THE HEARTLAND - PO BOX 4557 - DES MOINES, IA 50305-4557	42-0727488	501(C)(3)	3,500.	0.			CAPACITY BUILDING GRANT-SUCCESSION PLANNING
PLANNED PARENTHOOD OF THE HEARTLAND - PO BOX 4557 - DES MOINES, IA 50305-4557	42-0727488	501(C)(3)	5,000.	0.			GRANT

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
PLANNED PARENTHOOD OF THE HEARTLAND - PO BOX 4557 - DES MOINES, IA 50305-4557	42-0727488	501(C)(3)	20,000.	0.			SEXUALITY HEALTH EDUCATION FOR HIGH RISK YOUTH IN POLK COUNTY, IA
PLATTE TOWNSHIP TRUSTEES 3273 150TH STREET CLEARFIELD, IA 50840	42-0870467	170(B)	7,500.	0.			CEMETERY DIRECTORY AND WORK ON HEAD STONES
PLYMOUTH CONGREGATIONAL UNITED CHURCH OF CHRIST - 4126 INGERSOLL AVENUE - DES MOINES, IA 50312	42-0745986	501(C)(3)	1,800.	0.			ANNUAL GIFT
PLYMOUTH CONGREGATIONAL UNITED CHURCH OF CHRIST - 4126 INGERSOLL AVENUE - DES MOINES, IA 50312	42-0745986	501(C)(3)	3,600.	0.			GRANT
PLYMOUTH CONGREGATIONAL UNITED CHURCH OF CHRIST - 4126 INGERSOLL AVENUE - DES MOINES, IA 50312	42-0745986	501(C)(3)	4,100.	0.			GENERAL FUND
POCAHONTAS COMMUNITY HEALTHCARE FOUNDATION - 606 NW 7TH STREET - POCAHONTAS, IA 50574	42-1511476	501(C)(3)	9,137.	0.			GLIDESCOPE EQUIPMENT
POCAHONTAS COUNTY 99 COURT SQUARE POCAHONTAS, IA 50574	42-6005125	501(C)(3)	134.	0.			CANES AND CRUTCHES
POCAHONTAS COUNTY 99 COURT SQUARE POCAHONTAS, IA 50574	42-6005125	501(C)(3)	895.	0.			PROGRAM MATERIALS
POCAHONTAS COUNTY 99 COURT SQUARE POCAHONTAS, IA 50574	42-6005125	501(C)(3)	992.	0.			LEGO MINDSTORM KITS

Schedule I (Form 990)



COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
POCAHONTAS COUNTY 99 COURT SQUARE POCAHONTAS, IA 50574	42-6005125	501(C)(3)	1,000.	0.			21 TABLES
POCAHONTAS COUNTY 99 COURT SQUARE POCAHONTAS, IA 50574	42-6005125	501(C)(3)	4,880.	0.			10 KAYAKS
POCAHONTAS COUNTY 99 COURT SQUARE POCAHONTAS, IA 50574	42-6005125	501(C)(3)	14,000.	0.			TREE GRANT
POCAHONTAS COUNTY COMMUNITY FOUNDATION - PO BOX 86 - POCAHONTAS, IA 50574	42-6078291	501(C)(3)	5,907.	0.			ADMINISTRATIVE
POCAHONTAS COUNTY COMMUNITY FOUNDATION - PO BOX 86 - POCAHONTAS, IA 50574	42-6078291	501(C)(3)	8,980.	0.			MARQUEE RESTORATION
POLK COUNTY CRISIS & ADVOCACY 525 SW 5TH STREET, SUITE H DES MOINES, IA 50309	42-6004519	501(C)(3)	25,000.	0.			SANE TRAININGS AND MONTHLY ON-CALL EXPENSES
POLK COUNTY HOUSING TRUST FUND 108 3RD STREET, SUITE 350 DES MOINES, IA 50309	42-1510879	501(C)(3)	30,000.	0.			COMMUNITY PARTNERSHIP GRANT
PRACTICAL FARMERS OF IOWA 600 5TH STREET, SUITE 100 AMES, IA 50010	42-1255174	501(C)(3)	10.	0.			DISBURSEMENT
PRACTICAL FARMERS OF IOWA 600 5TH STREET, SUITE 100 AMES, IA 50010	42-1255174	501(C)(3)	100.	0.			DONATION

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
PRACTICAL FARMERS OF IOWA 600 5TH STREET, SUITE 100 AMES, IA 50010	42-1255174	501(C)(3)	1,881.	0.			DISTRIBUTION
PRACTICAL FARMERS OF IOWA 600 5TH STREET, SUITE 100 AMES, IA 50010	42-1255174	501(C)(3)	4,511.	0.			FUND CLOSING
PRACTICAL FARMERS OF IOWA 600 5TH STREET, SUITE 100 AMES, IA 50010	42-1255174	501(C)(3)	61,969.	0.			FUND DISTRIBUTION
PREVENT CHILD ABUSE IOWA 505 5TH AVENUE, SUITE 900 DES MOINES, IA 50309	42-1117292	501(C)(3)	100.	0.			GRANT
PREVENT CHILD ABUSE IOWA 505 5TH AVENUE, SUITE 900 DES MOINES, IA 50309	42-1117292	501(C)(3)	150.	0.			ANNUAL GIVING
PREVENT CHILD ABUSE IOWA 505 5TH AVENUE, SUITE 900 DES MOINES, IA 50309	42-1117292	501(C)(3)	500.	0.			ANNUAL FUND
PREVENT CHILD ABUSE IOWA 505 5TH AVENUE, SUITE 900 DES MOINES, IA 50309	42-1117292	501(C)(3)	1,500.	0.			CAPACITY BUILDING GRANT
PREVENT CHILD ABUSE IOWA 505 5TH AVENUE, SUITE 900 DES MOINES, IA 50309	42-1117292	501(C)(3)	2,518.	0.			ANNUAL DISTRIBUTION
PREVENT CHILD ABUSE IOWA 505 5TH AVENUE, SUITE 900 DES MOINES, IA 50309	42-1117292	501(C)(3)	5,000.	0.			ON BEHALF OF MICHELLE AND PAUL COWNIE

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
PREVENT CHILD ABUSE IOWA OPERATING FUND - 1915 GRAND AVENUE - DES MOINES, IA 50309	42-6139033	501(C)(3)	32,000.	0.			GRANT
PRIMARY HEALTH CARE, INC. 9943 HICKMAN ROAD, SUITE 105 URBAN DALE, IA 50322	42-1350092	501(C)(3)	570.	0.			FIELD OF INTEREST GRANT
PRIMARY HEALTH CARE, INC. 9943 HICKMAN ROAD, SUITE 105 URBAN DALE, IA 50322	42-1350092	501(C)(3)	1,000.	0.			GRANT
PRIMARY HEALTH CARE, INC. 9943 HICKMAN ROAD, SUITE 105 URBAN DALE, IA 50322	42-1350092	501(C)(3)	1,000.	0.			GRANT
PRIMARY HEALTH CARE, INC. 9943 HICKMAN ROAD, SUITE 105 URBAN DALE, IA 50322	42-1350092	501(C)(3)	3,180.	0.			CAPACITY BUILDING GRANT
PRINCIPAL/CITY OF DES MOINES RIVERWALK FUND - 1915 GRAND AVENUE - DES MOINES, IA 50309	42-6139033	501(C)(3)	1,515.	0.			GRANT
PRINCIPAL/CITY OF DES MOINES RIVERWALK FUND - 1915 GRAND AVENUE - DES MOINES, IA 50309	42-6139033	501(C)(3)	2,138.	0.			GRANT
PRINCIPAL/CITY OF DES MOINES RIVERWALK FUND - 1915 GRAND AVENUE - DES MOINES, IA 50309	42-6139033	501(C)(3)	8,323.	0.			GRANT
PRINCIPAL/CITY OF DES MOINES RIVERWALK FUND - 1915 GRAND AVENUE - DES MOINES, IA 50309	42-6139033	501(C)(3)	21,423.	0.			GRANT

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
PRINCIPAL/CITY OF DES MOINES RIVERWALK FUND - 1915 GRAND AVENUE - DES MOINES, IA 50309	42-6139033	501(C)(3)	84,556.	0.			GRANT
PRINCIPAL/CITY OF DES MOINES RIVERWALK FUND - 1915 GRAND AVENUE - DES MOINES, IA 50309	42-6139033	501(C)(3)	382,639.	0.			GRANT
PRINCIPAL/CITY OF DES MOINES RIVERWALK FUND - 1915 GRAND AVENUE - DES MOINES, IA 50309	42-6139033	501(C)(3)	459,992.	0.			GRANT
PRINCIPAL/CITY OF DES MOINES RIVERWALK FUND - 1915 GRAND AVENUE - DES MOINES, IA 50309	42-6139033	501(C)(3)	977,122.	0.			GRANT
PRINCIPAL/CITY OF DES MOINES RIVERWALK FUND - 1915 GRAND AVENUE - DES MOINES, IA 50309	42-6139033	501(C)(3)	1,008,752.	0.			GRANT
PROGRESS INDUSTRIES PO BOX 1449 NEWTON, IA 50208-2141	42-1122161	501(C)(3)	500.	0.			GRANT
PROGRESS INDUSTRIES PO BOX 1449 NEWTON, IA 50208-2141	42-1122161	501(C)(3)	10,000.	0.			KITCHEN TRAINING CENTER
PULASKI VOLUNTEER FIRE DEPARTMENT PO BOX 93 PULASKI, IA 52584	27-2876074	501(C)(3)	6,000.	0.			THERMAL IMAGING UNIT
RAISING READERS IN STORY COUNTY PO BOX 2374 AMES, IA 50010-2374	20-1672684	501(C)(3)	1,000.	0.			REACH OUT AND READ PROGRAM

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
RAISING READERS IN STORY COUNTY PO BOX 2374 AMES, IA 50010-2374	20-1672684	501(C)(3)	5,800.	0.			PILOT READING PROGRAM
REBUILDING TOGETHER GREATER DES MOINES - 1111 9TH STREET, SUITE 265 - DES MOINES, IA 50314	42-1439898	501(C)(3)	11,707.	0.			GRANT
RIADA, INC. 306 AUDUBON STREET ADAIR, IA 50002	42-1463502	501(C)(3)	10,000.	0.			ELECTRONIC COMMUNITY SIGN
RICEVILLE COMMUNITY SCHOOL DISTRICT - 912 WOODLAND AVENUE - RICEVILLE, IA 50466	42-6049116	170(B)	5,000.	0.			FUNDING FOR MUSIC
RIVER FRONT DEVELOPMENT AUTHORITY FUND - 1915 GRAND AVENUE - DES MOINES, IA 50309	42-6139033	501(C)(3)	1,781.	0.			GRANT
RIVER FRONT DEVELOPMENT AUTHORITY FUND - 1915 GRAND AVENUE - DES MOINES, IA 50309	42-6139033	501(C)(3)	4,000.	0.			GRANT
RIVER FRONT DEVELOPMENT AUTHORITY FUND - 1915 GRAND AVENUE - DES MOINES, IA 50309	42-6139033	501(C)(3)	42,550.	0.			GRANT
ROOSEVELT HIGH SCHOOL FOUNDATION PO BOX 12087 DES MOINES, IA 50312	42-1239735	501(C)(3)	100.	0.			DOLLARS FOR SCHOLARS PROGRAM
ROOSEVELT HIGH SCHOOL FOUNDATION PO BOX 12087 DES MOINES, IA 50312	42-1239735	501(C)(3)	500.	0.			5TH ANNUAL R PARTY

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
ROOSEVELT HIGH SCHOOL FOUNDATION PO BOX 12087 DES MOINES, IA 50312	42-1239735	501(C)(3)	500.	0.			GRANT
ROOSEVELT HIGH SCHOOL FOUNDATION PO BOX 12087 DES MOINES, IA 50312	42-1239735	501(C)(3)	2,000.	0.			2011 AND 2012 SCHOLARSHIPS
ROOSEVELT HIGH SCHOOL FOUNDATION PO BOX 12087 DES MOINES, IA 50312	42-1239735	501(C)(3)	2,000.	0.			GRANT FOR CAPITAL CAMPAIGN
RUTH HARBOR 534 42ND STREET DES MOINES, IA 50312	42-1464150	501(C)(3)	100.	0.			GRANT
RUTH HARBOR 534 42ND STREET DES MOINES, IA 50312	42-1464150	501(C)(3)	1,000.	0.			ANNUAL DINNER SPONSOR
RUTH HARBOR 534 42ND STREET DES MOINES, IA 50312	42-1464150	501(C)(3)	36,000.	0.			WHERE NEEDED MOST
S.E.E.D. COMMITTEE, INC. PO BOX 474 WEBSTER CITY, IA 50595	42-1319852	501(C)(3)	9,000.	0.			HAMILTON COUNTY TOURISM AND MARKETING
SAC COMMUNITY RECREATIONAL CENTER PO BOX 463 SAC CITY, IA 50583	42-1388647	501(C)(3)	11,000.	0.			KITCHEN RENOVATION
SAC ECONOMIC & TOURISM DEVELOPMENT LTD. - 615 W MAIN STREET - SAC CITY, IA 50583	42-1300712	501(C)(3)	5,907.	0.			ADMINISTRATION

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
SACRED HEART CHURCH 1627 GRAND AVENUE WEST DES MOINES, IA 50265	42-0736180	501(C)(3)	700.	0.			2012 ANNUAL DIOCESAN APPEAL
SACRED HEART CHURCH 1627 GRAND AVENUE WEST DES MOINES, IA 50265	42-0736180	501(C)(3)	1,100.	0.			MONTHLY TITHING FOR KYLE AND SHARON KRAUSE
SACRED HEART CHURCH 1627 GRAND AVENUE WEST DES MOINES, IA 50265	42-0736180	501(C)(3)	1,100.	0.			SHARON AND KYLE KRAUSE TITHING
SACRED HEART CHURCH 1627 GRAND AVENUE WEST DES MOINES, IA 50265	42-0736180	501(C)(3)	1,100.	0.			TITHING
SACRED HEART CHURCH 1627 GRAND AVENUE WEST DES MOINES, IA 50265	42-0736180	501(C)(3)	1,100.	0.			TITHING
SACRED HEART CHURCH 1627 GRAND AVENUE WEST DES MOINES, IA 50265	42-0736180	501(C)(3)	2,000.	0.			GRANT
SACRED HEART CHURCH 1627 GRAND AVENUE WEST DES MOINES, IA 50265	42-0736180	501(C)(3)	2,000.	0.			GRANT
SACRED HEART CHURCH 1627 GRAND AVENUE WEST DES MOINES, IA 50265	42-0736180	501(C)(3)	2,000.	0.			QUARTERLY CONTRIBUTION
SACRED HEART CHURCH 1627 GRAND AVENUE WEST DES MOINES, IA 50265	42-0736180	501(C)(3)	2,000.	0.			QUARTERLY CONTRIBUTION

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
SACRED HEART CHURCH 1627 GRAND AVENUE WEST DES MOINES, IA 50265	42-0736180	501(C)(3)	2,200.	0.			MARCH AND APRIL MONTHLY CONTRIBUTIONS
SACRED HEART CHURCH 1627 GRAND AVENUE WEST DES MOINES, IA 50265	42-0736180	501(C)(3)	3,300.	0.			MONTHLY CONTRIBUTION, AUG, SEPT, OCT.
SACRED HEART CHURCH 1627 GRAND AVENUE WEST DES MOINES, IA 50265	42-0736180	501(C)(3)	3,300.	0.			MONTHLY DONATION, FOR MAY, JUNE AND JULY 2012
SACRED HEART CHURCH 1627 GRAND AVENUE WEST DES MOINES, IA 50265	42-0736180	501(C)(3)	5,000.	0.			CAPITAL CAMPAIGN
SACRED HEART CHURCH 1627 GRAND AVENUE WEST DES MOINES, IA 50265	42-0736180	501(C)(3)	5,000.	0.			LIGHT FOR TOMORROW
SACRED HEART CHURCH 1627 GRAND AVENUE WEST DES MOINES, IA 50265	42-0736180	501(C)(3)	12,000.	0.			LIGHT FOR TOMORROW
SALVATION ARMY PO BOX 933 DES MOINES, IA 50304	13-2923701	501(C)(3)	25.	0.			GRANT
SALVATION ARMY PO BOX 933 DES MOINES, IA 50304	13-2923701	501(C)(3)	100.	0.			GRANT
SALVATION ARMY PO BOX 933 DES MOINES, IA 50304	13-2923701	501(C)(3)	100.	0.			GRANT

Schedule I (Form 990)



COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
SALVATION ARMY PO BOX 933 DES MOINES, IA 50304	13-2923701	501(C)(3)	500.	0.			GRANT
SALVATION ARMY PO BOX 933 DES MOINES, IA 50304	13-2923701	501(C)(3)	500.	0.			GRANT
SALVATION ARMY PO BOX 933 DES MOINES, IA 50304	13-2923701	501(C)(3)	1,000.	0.			GIVEN AS A CHRISTMAS GIFT FROM OLIVIA RASMUSSEN OF 5246 72ND AVE., JOHNSTON, IA 50131
SALVATION ARMY PO BOX 933 DES MOINES, IA 50304	13-2923701	501(C)(3)	1,000.	0.			GRANT
SALVATION ARMY PO BOX 933 DES MOINES, IA 50304	13-2923701	501(C)(3)	1,500.	0.			GRANT
SALVATION ARMY PO BOX 933 DES MOINES, IA 50304	13-2923701	501(C)(3)	2,500.	0.			GRANT
SCHOLARSHIP AMERICA 1550 AMERICAN BOULEVARD E MINNEAPOLIS, MN 55425	04-2296967	501(C)(3)	2,500.	0.			COLLEGIATE SPONSOR
SCHOLARSHIP AMERICA 1550 AMERICAN BOULEVARD E MINNEAPOLIS, MN 55425	04-2296967	501(C)(3)	15,000.	0.			GRANT
SCIENCE CENTER OF IOWA 401 W MARTIN LUTHER KING, JR. PARKW DES MOINES, IA 50309	42-6097912	501(C)(3)	100.	0.			GRANT

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
SCIENCE CENTER OF IOWA 401 W MARTIN LUTHER KING, JR. PARKW DES MOINES, IA 50309	42-6097912	501(C)(3)	200.	0.			ANNUAL SUPPORT
SCIENCE CENTER OF IOWA 401 W MARTIN LUTHER KING, JR. PARKW DES MOINES, IA 50309	42-6097912	501(C)(3)	340.	0.			TAX DEDUCTIBLE PORTION OF SCI GALA DONATION.
SCIENCE CENTER OF IOWA 401 W MARTIN LUTHER KING, JR. PARKW DES MOINES, IA 50309	42-6097912	501(C)(3)	500.	0.			ANNUAL FUND CONTRIBUTION
SCIENCE CENTER OF IOWA 401 W MARTIN LUTHER KING, JR. PARKW DES MOINES, IA 50309	42-6097912	501(C)(3)	500.	0.			DONATION FROM LIBERTY BANK FOR DEVELOPMENT DEPARTMENT
SCIENCE CENTER OF IOWA 401 W MARTIN LUTHER KING, JR. PARKW DES MOINES, IA 50309	42-6097912	501(C)(3)	590.	0.			ANNUAL FUND
SCIENCE CENTER OF IOWA 401 W MARTIN LUTHER KING, JR. PARKW DES MOINES, IA 50309	42-6097912	501(C)(3)	1,000.	0.			ANNUAL FUND
SCIENCE CENTER OF IOWA 401 W MARTIN LUTHER KING, JR. PARKW DES MOINES, IA 50309	42-6097912	501(C)(3)	1,000.	0.			GENERAL FUND
SCIENCE CENTER OF IOWA 401 W MARTIN LUTHER KING, JR. PARKW DES MOINES, IA 50309	42-6097912	501(C)(3)	2,500.	0.			ANNUAL FUNDRAISING EVENT - \$2,000; ANNUAL GIVING \$500
SCIENCE CENTER OF IOWA 401 W MARTIN LUTHER KING, JR. PARKW DES MOINES, IA 50309	42-6097912	501(C)(3)	4,000.	0.			GRANT

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
SCIENCE CENTER OF IOWA 401 W MARTIN LUTHER KING, JR. PARKW DES MOINES, IA 50309	42-6097912	501(C)(3)	5,000.	0.			GRANT
SCIENCE CENTER OF IOWA 401 W MARTIN LUTHER KING, JR. PARKW DES MOINES, IA 50309	42-6097912	501(C)(3)	5,000.	0.			GRANT
SCIENCE CENTER OF IOWA 401 W MARTIN LUTHER KING, JR. PARKW DES MOINES, IA 50309	42-6097912	501(C)(3)	200,000.	0.			GRANT
SIGMA ALPHA EPSILON 1113 W 23RD STREET CEDAR FALLS, IA 50613	42-6059650	501(C)(7)	250.	0.			GRANT
SIGMA ALPHA EPSILON 1113 W 23RD STREET CEDAR FALLS, IA 50613	42-6059650	501(C)(7)	500.	0.			HELP WITH FURNISHING LIBRARY
SIGMA ALPHA EPSILON 1113 W 23RD STREET CEDAR FALLS, IA 50613	42-6059650	501(C)(7)	5,000.	0.			GRANT
SIMPSON COLLEGE 701 NORTH C STREET INDIANOLA, IA 50125	42-0680389	501(C)(3)	1,500.	0.			PRESIDENT SOCIETY CONTRIBUTION
SIMPSON COLLEGE 701 NORTH C STREET INDIANOLA, IA 50125	42-0680389	501(C)(3)	2,500.	0.			GENERAL FUNDS
SIMPSON COLLEGE 701 NORTH C STREET INDIANOLA, IA 50125	42-0680389	501(C)(3)	5,000.	0.			GENERAL SUPPORT FOR KENT CAMPUS CENTER

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
SIMPSON COLLEGE 701 NORTH C STREET INDIANOLA, IA 50125	42-0680389	501(C)(3)	10,000.	0.			2012 BLANK PERFORMING ARTS CENTER
SIMPSON COLLEGE 701 NORTH C STREET INDIANOLA, IA 50125	42-0680389	501(C)(3)	10,000.	0.			GRANT
SIMPSON COLLEGE 701 NORTH C STREET INDIANOLA, IA 50125	42-0680389	501(C)(3)	12,000.	0.			GRANT
SIMPSON COLLEGE 701 NORTH C STREET INDIANOLA, IA 50125	42-0680389	501(C)(3)	20,000.	0.			BLANK PERFORMING ARTS CAMPAIGN
SIMPSON COLLEGE 701 NORTH C STREET INDIANOLA, IA 50125	42-0680389	501(C)(3)	25,000.	0.			CAMPUS CONSTRUCTION PROJECT
SIMPSON COLLEGE 701 NORTH C STREET INDIANOLA, IA 50125	42-0680389	501(C)(3)	25,000.	0.			IOWA HISTORY CENTER
SIMPSON COLLEGE 701 NORTH C STREET INDIANOLA, IA 50125	42-0680389	501(C)(3)	25,000.	0.			IOWA HISTORY CENTER
SIMPSON COLLEGE 701 NORTH C STREET INDIANOLA, IA 50125	42-0680389	501(C)(3)	25,000.	0.			IOWA HISTORY CENTER
SIMPSON COLLEGE 701 NORTH C STREET INDIANOLA, IA 50125	42-0680389	501(C)(3)	25,000.	0.			IOWA HISTORY CENTER

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
SIOUX FALLS ENVIRONMENTAL ACCESS INC. - 315 E 4TH STREET - KINGSLEY, IA 51028	46-0346270	501(C)(3)	7,340.	0.			PUSH BUTTON ENTRY
SKIFF MEDICAL CENTER FOUNDATION 204 N 4TH AVENUE E NEWTON, IA 50208	42-1372697	501(C)(3)	500.	0.			SECURITY DISPLAY CASES
SKIFF MEDICAL CENTER FOUNDATION 204 N 4TH AVENUE E NEWTON, IA 50208	42-1372697	501(C)(3)	5,000.	0.			SKIFF HOSPICE
SKIFF MEDICAL CENTER FOUNDATION 204 N 4TH AVENUE E NEWTON, IA 50208	42-1372697	501(C)(3)	15,000.	0.			RENOVATION OF MEDICAL AND SURGICAL ROOMS
SOCIETY OF ST. VINCENT DE PAUL 1426 6TH AVENUE DES MOINES, IA 50314	42-6021808	501(C)(3)	15,000.	0.			PURCHASE TOYS
SOCIETY OF ST. VINCENT DE PAUL 1426 6TH AVENUE DES MOINES, IA 50314	42-6021808	501(C)(3)	20,000.	0.			DONOR LEVERAGED GRANT FOR THE DIGITAL LITERACY CENTER
SOUTH DAKOTA STATE UNIVERSITY FOUNDATION - 815 MEDARY AVENUE - BROOKINGS, SD 57006	46-0273801	501(C)(3)	8,000.	0.			HEALTH AND SCIENCE CENTER AND SCHOLARSHIP
SOUTH DAKOTA STATE UNIVERSITY FOUNDATION - 815 MEDARY AVENUE - BROOKINGS, SD 57006	46-0273801	501(C)(3)	10,000.	0.			\$5,000 TO VINCENT O. HEER SCHOLARSHIP
SOUTH HARDIN HIGH SCHOOL 1800 24TH STREET ELDORA, IA 50627	69-0424274	170(B)	500.	0.			BOOSTER CLUB UNIFORM ROTATION AND SCHOLARSHIP RECOGNITION

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
SOUTH HARDIN HIGH SCHOOL 1800 24TH STREET ELDORA, IA 50627	69-0424274	170(B)	5,000.	0.			AFTER SCHOOL PROGRAM
SOUTH HARDIN HIGH SCHOOL 1800 24TH STREET ELDORA, IA 50627	69-0424274	170(B)	5,300.	0.			NEW PIANO FOR MUSIC DEPARTMENT
SOUTHEAST POLK COMMUNITY SCHOOL DISTRICT - 8379 NE UNIVERSITY AVENUE - PLEASANT HILL, IA 50237	42-0863054	501(C)(3)	2,500.	0.			PLEASE DIRECT THIS GRANT TO CENTRAL PLACE
SOUTHEAST POLK COMMUNITY SCHOOL DISTRICT - 8379 NE UNIVERSITY AVENUE - PLEASANT HILL, IA 50237	42-0863054	501(C)(3)	5,000.	0.			CENTRAL PLACE
SOUTHEAST POLK COMMUNITY SCHOOL DISTRICT - 8379 NE UNIVERSITY AVENUE - PLEASANT HILL, IA 50237	42-0863054	501(C)(3)	10,819.	0.			FALL ALLOCATION 2012-2013
SPIRIT LAKE KIWANIS FOUNDATION PO BOX 594 SPIRIT LAKE, IA 51360	45-3679562	501(C)(3)	4,000.	0.			SPLASH PAD PROJECT
SPIRIT LAKE KIWANIS FOUNDATION PO BOX 594 SPIRIT LAKE, IA 51360	45-3679562	501(C)(3)	10,000.	0.			MEMORIAL PARK PROJECT - SPLASH PAD
SPIRIT LAKE PROTECTIVE ASSOCIATION PO BOX 51 SPIRIT LAKE, IA 51360	42-1375213	501(C)(3)	100,000.	0.			RESTORATION AND RENOVATION OF MINI-WAKAN SHELTER BUILDING
ST. ANNE'S EPISCOPAL SCHOOL 2701 S YORK STREET DENVER, CO 80210-6098	84-6049400	501(C)(3)	4,000.	0.			2012 ANNUAL FUND CONTRIBUTION

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. ANNE'S EPISCOPAL SCHOOL 2701 S YORK STREET DENVER, CO 80210-6098	84-6049400	501(C)(3)	10,000.	0.			2012 CAPITAL FUND CONTRIBUTION
ST. ANSGAR COMMUNITY SCHOOL DISTRICT - 202 S WASHINGTON STREET - ST. ANSGAR, IA 50472	42-0884331	170(B)	384.	0.			WRAPPING TABLE FOR P.E. AND ATHLETICS
ST. ANSGAR COMMUNITY SCHOOL DISTRICT - 202 S WASHINGTON STREET - ST. ANSGAR, IA 50472	42-0884331	170(B)	1,500.	0.			ELEMENTARY SCHOOL CARDS BY CARING CHILDREN PROJECT
ST. ANSGAR COMMUNITY SCHOOL DISTRICT - 202 S WASHINGTON STREET - ST. ANSGAR, IA 50472	42-0884331	170(B)	2,158.	0.			MIDDLE SCHOOL AUDIO SYSTEMS PROJECT
ST. ANSGAR COMMUNITY SCHOOL DISTRICT - 202 S WASHINGTON STREET - ST. ANSGAR, IA 50472	42-0884331	170(B)	3,000.	0.			CLASSROOM IPADS
ST. ANSGAR COMMUNITY SCHOOL DISTRICT - 202 S WASHINGTON STREET - ST. ANSGAR, IA 50472	42-0884331	170(B)	5,000.	0.			P.E. EQUIPMENT AND CLIMBING WALL
ST. ANTHONY SCHOOL 16 COLUMBUS DES MOINES, IA 50315	42-0808937	501(C)(3)	250.	0.			IN MEMORY OF ESTHER LEONE ANANIA
ST. ANTHONY SCHOOL 16 COLUMBUS DES MOINES, IA 50315	42-0808937	501(C)(3)	325.	0.			CYC CAMP CONTRIBUTION
ST. ANTHONY SCHOOL 16 COLUMBUS DES MOINES, IA 50315	42-0808937	501(C)(3)	812.	0.			FALL ALLOCATION 2012-2013

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. ANTHONY SCHOOL 16 COLUMBUS DES MOINES, IA 50315	42-0808937	501(C)(3)	12,500.	0.			CAPITAL CONTRIBUTION
ST. AUGUSTIN CHURCH 545 42ND STREET DES MOINES, IA 50312-2798	42-0698112	501(C)(3)	100.	0.			FEAST DAY CELEBRATION
ST. AUGUSTIN CHURCH 545 42ND STREET DES MOINES, IA 50312-2798	42-0698112	501(C)(3)	600.	0.			MONTHLY TITHING
ST. AUGUSTIN CHURCH 545 42ND STREET DES MOINES, IA 50312-2798	42-0698112	501(C)(3)	1,000.	0.			ROYAL FOUNDERS CLUB CONTRIBUTION
ST. AUGUSTIN CHURCH 545 42ND STREET DES MOINES, IA 50312-2798	42-0698112	501(C)(3)	15,000.	0.			CONTRIBUTION
ST. AUGUSTIN CHURCH 545 42ND STREET DES MOINES, IA 50312-2798	42-0698112	501(C)(3)	15,000.	0.			CONTRIBUTION
ST. AUGUSTIN SCHOOL 4320 GRAND AVENUE DES MOINES, IA 50312	42-0698112	501(C)(3)	1,000.	0.			ROYAL FOUNDERS CLUB
ST. AUGUSTIN SCHOOL 4320 GRAND AVENUE DES MOINES, IA 50312	42-0698112	501(C)(3)	1,425.	0.			GRANT
ST. AUGUSTIN SCHOOL 4320 GRAND AVENUE DES MOINES, IA 50312	42-0698112	501(C)(3)	1,565.	0.			FALL ALLOCATION 2012-2013

Schedule I (Form 990)



COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. AUGUSTIN SCHOOL 4320 GRAND AVENUE DES MOINES, IA 50312	42-0698112	501(C)(3)	4,000.	0.			GRANT
ST. CATHERINE OF SIENNA CHURCH 1150 28TH STREET DES MOINES, IA 50311	42-0934629	501(C)(3)	150.	0.			FINE ARTS SERIES
ST. CATHERINE OF SIENNA CHURCH 1150 28TH STREET DES MOINES, IA 50311	42-0934629	501(C)(3)	650.	0.			MONTHLY TITHING
ST. CATHERINE OF SIENNA CHURCH 1150 28TH STREET DES MOINES, IA 50311	42-0934629	501(C)(3)	650.	0.			MONTHLY TITHING
ST. CATHERINE OF SIENNA CHURCH 1150 28TH STREET DES MOINES, IA 50311	42-0934629	501(C)(3)	650.	0.			MONTHLY TITHING
ST. CATHERINE OF SIENNA CHURCH 1150 28TH STREET DES MOINES, IA 50311	42-0934629	501(C)(3)	650.	0.			MONTHLY TITHING
ST. CATHERINE OF SIENNA CHURCH 1150 28TH STREET DES MOINES, IA 50311	42-0934629	501(C)(3)	650.	0.			MONTHLY TITHING
ST. CATHERINE OF SIENNA CHURCH 1150 28TH STREET DES MOINES, IA 50311	42-0934629	501(C)(3)	1,000.	0.			CAMPUS MINISTRY PROGRAM
ST. CATHERINE OF SIENNA CHURCH 1150 28TH STREET DES MOINES, IA 50311	42-0934629	501(C)(3)	1,000.	0.			GRANT

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. CATHERINE OF SIENNA CHURCH 1150 28TH STREET DES MOINES, IA 50311	42-0934629	501(C)(3)	1,300.	0.			MONTHLY TITHING FOR NOVEMBER AND DECEMBER
ST. EDMOND CATHOLIC SCHOOL SYSTEM 2220 4TH AVENUE N FORT DODGE, IA 50501	42-0761065	501(C)(3)	5,000.	0.			ST. EDMOND BALL - 2012
ST. EDMOND CATHOLIC SCHOOL SYSTEM 2220 4TH AVENUE N FORT DODGE, IA 50501	42-0761065	501(C)(3)	20,000.	0.			"PUTTING OUR FAITH IN OUR FUTURE" CAMPAIGN
ST. FRANCIS OF ASSISI CHURCH 7075 ASHWORTH ROAD WEST DES MOINES, IA 50265	84-1305748	501(C)(3)	100.	0.			FOR KNIGHTS OF COLUMBUS FUNDRAISER FOR WOMEN'S CLINIC
ST. FRANCIS OF ASSISI CHURCH 7075 ASHWORTH ROAD WEST DES MOINES, IA 50265	84-1305748	501(C)(3)	100.	0.			FOR MISSION TRIP TO JOPLIN
ST. FRANCIS OF ASSISI CHURCH 7075 ASHWORTH ROAD WEST DES MOINES, IA 50265	84-1305748	501(C)(3)	250.	0.			FOR EMERGENCY FUND
ST. FRANCIS OF ASSISI CHURCH 7075 ASHWORTH ROAD WEST DES MOINES, IA 50265	84-1305748	501(C)(3)	250.	0.			GRANT FROM MIKE AND BETH MCCOY
ST. FRANCIS OF ASSISI CHURCH 7075 ASHWORTH ROAD WEST DES MOINES, IA 50265	84-1305748	501(C)(3)	350.	0.			FOR ADA
ST. FRANCIS OF ASSISI CHURCH 7075 ASHWORTH ROAD WEST DES MOINES, IA 50265	84-1305748	501(C)(3)	500.	0.			NEW SOCIAL EDUCATIONAL GROUP

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. FRANCIS OF ASSISI CHURCH 7075 ASHWORTH ROAD WEST DES MOINES, IA 50265	84-1305748	501(C)(3)	800.	0.			GENERAL FUND
ST. FRANCIS OF ASSISI CHURCH 7075 ASHWORTH ROAD WEST DES MOINES, IA 50265	84-1305748	501(C)(3)	800.	0.			GENERAL FUND
ST. FRANCIS OF ASSISI CHURCH 7075 ASHWORTH ROAD WEST DES MOINES, IA 50265	84-1305748	501(C)(3)	800.	0.			GRANT
ST. FRANCIS OF ASSISI CHURCH 7075 ASHWORTH ROAD WEST DES MOINES, IA 50265	84-1305748	501(C)(3)	800.	0.			TITHING
ST. FRANCIS OF ASSISI CHURCH 7075 ASHWORTH ROAD WEST DES MOINES, IA 50265	84-1305748	501(C)(3)	1,000.	0.			GRANT
ST. FRANCIS OF ASSISI CHURCH 7075 ASHWORTH ROAD WEST DES MOINES, IA 50265	84-1305748	501(C)(3)	2,400.	0.			TITHING
ST. FRANCIS OF ASSISI CHURCH 7075 ASHWORTH ROAD WEST DES MOINES, IA 50265	84-1305748	501(C)(3)	3,000.	0.			ANNUAL GIVING FOR 2011
ST. FRANCIS OF ASSISI CHURCH 7075 ASHWORTH ROAD WEST DES MOINES, IA 50265	84-1305748	501(C)(3)	3,600.	0.			TITHING
ST. FRANCIS OF ASSISI CHURCH 7075 ASHWORTH ROAD WEST DES MOINES, IA 50265	84-1305748	501(C)(3)	4,000.	0.			2012 GIFT

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. FRANCIS OF ASSISI CHURCH 7075 ASHWORTH ROAD WEST DES MOINES, IA 50265	84-1305748	501(C)(3)	4,000.	0.			FTD CC, CRAIG AND MICHELLE MAHONEY, ENV #1583
ST. FRANCIS OF ASSISI CHURCH 7075 ASHWORTH ROAD WEST DES MOINES, IA 50265	84-1305748	501(C)(3)	7,000.	0.			2012 TITHES (\$2,000) AND CAMPAIGN (\$5,000)
ST. FRANCIS OF ASSISI CHURCH 7075 ASHWORTH ROAD WEST DES MOINES, IA 50265	84-1305748	501(C)(3)	13,543.	0.			GRANT
ST. GABRIEL COMMUNICATION PO BOX 160 NORWALK, IA 50211-0160	20-1935653	501(C)(3)	2,000.	0.			CAPITAL CAMPAIGN CONTRIBUTION
ST. GABRIEL COMMUNICATION PO BOX 160 NORWALK, IA 50211-0160	20-1935653	501(C)(3)	5,000.	0.			KWKY RADIO
ST. JOSEPH'S CATHOLIC CHURCH 1023 HIGHWAY 169 BODE, IA 50519	42-0776449	501(C)(3)	5,000.	0.			PARISH NEEDS
ST. JOSEPH'S CATHOLIC CHURCH 3300 EASTON BOULEVARD DES MOINES, IA 50317	42-0680464	501(C)(3)	10,000.	0.			CAPITAL CONTRIBUTION
ST. MARK LUTHERAN CHURCH 1105 GRAND AVENUE WEST DES MOINES, IA 50265	42-6021233	501(C)(3)	2,232.	0.			TO SUPPORT THE PURCHASE AND INSTALLATION OF A PROJECTOR IN THE SANCTUARY
ST. MARK LUTHERAN CHURCH 1105 GRAND AVENUE WEST DES MOINES, IA 50265	42-6021233	501(C)(3)	3,700.	0.			TO SUPPORT THE PURCHASE AND INSTALLATION OF THE SANCTUARY PROJECTOR

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. MARY'S CHURCH 311 4TH STREET N HUMBOLDT, IA 50548	42-0996712	501(C)(3)	6,900.	0.			ACTIVEXPRESSION VOTING TOOLS
ST. THOMAS MORE CENTER 6177 PANORAMA ROAD PANORA, IA 50216	42-1088346	501(C)(3)	10,000.	0.			CHARRON HALL
STACYVILLE COMMUNITY NURSING HOME 413 S BROAD STREET STACYVILLE, IA 50476	42-0926852	501(C)(3)	5,000.	0.			REPLACE ROOF
STEWART MEMORIAL COMMUNITY HOSPITAL - 1301 W MAIN STREET - LAKE CITY, IA 51449	42-0860039	501(C)(3)	5,000.	0.			LAKE CITY AMBULANCE SERVICE
STEWART MEMORIAL COMMUNITY HOSPITAL - 1301 W MAIN STREET - LAKE CITY, IA 51449	42-0860039	501(C)(3)	5,000.	0.			MONITOR DEFIBRILLATOR
STILWELL JUNIOR HIGH SCHOOL 1601 VINE STREET WEST DES MOINES, IA 50265	42-6004027	170(B)	10,000.	0.			GRANT
STORY COUNTY VETERANS AFFAIRS DEPARTMENT - 126 S KELLOGG AVENUE - AMES, IA 50010	42-6005024	501(C)(3)	6,000.	0.			HEATING AND AIR CONDITIONING SYSTEM
SUPPORT OUR SOLDIERS 880 4TH STREET WAUKEE, IA 50263	45-2818853	501(C)(3)	18,089.	0.			CLOSING OF FUND
TAYLOR COUNTY EXTENSION 312 MAIN STREET BEDFORD, IA 50833	42-6021477	501(C)(3)	2,000.	0.			CHILD ABUSE PREVENTION

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
TAYLOR COUNTY EXTENSION 312 MAIN STREET BEDFORD, IA 50833	42-6021477	501(C)(3)	10,000.	0.			NEW FOOD STAND
TERRACE HILL FOUNDATION, INC. 2300 GRAND AVENUE DES MOINES, IA 50312	51-0168173	501(C)(3)	1,000.	0.			CAPITAL CAMPAIGN
TERRACE HILL FOUNDATION, INC. 2300 GRAND AVENUE DES MOINES, IA 50312	51-0168173	501(C)(3)	1,000.	0.			GRANT
TERRACE HILL FOUNDATION, INC. 2300 GRAND AVENUE DES MOINES, IA 50312	51-0168173	501(C)(3)	10,000.	0.			CAPITAL CAMPAIGN CONTRIBUTION
THE ALLIANCE OF BLACK TELECOMMUNICATION PROFESSIONALS - 900 KEO WAY - DES MOINES, IA 50309	91-1921090	501(C)(3)	7,500.	0.			BACK TO SCHOOL BASH
THE BOYS AND GIRLS CLUBS OF ALBUQUERQUE/RIO RANCHO - 3333 TRUMAN STREET NE - ALBUQUERQUE, NM 87110	85-0106943	501(C)(3)	5,000.	0.			GRANT
THE DIRECTORS COUNCIL 620 8TH STREET DES MOINES, IA 50309	42-1524040	501(C)(3)	25,000.	0.			LEADERSHIP GRANT
THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY - PO BOX 395 - NEWELL, IA 50568	45-0228055	501(C)(3)	5,000.	0.			OUTDOOR IMPROVEMENT PROJECT
THE NATURE CONSERVANCY 505 5TH AVENUE, SUITE 930 DES MOINES, IA 50309	53-0242652	501(C)(3)	125.	0.			GRANT

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
THE NATURE CONSERVANCY 505 5TH AVENUE, SUITE 930 DES MOINES, IA 50309	53-0242652	501(C)(3)	500.	0.			BUSINESS FOR NATURE INITIATIVE
THE NATURE CONSERVANCY 505 5TH AVENUE, SUITE 930 DES MOINES, IA 50309	53-0242652	501(C)(3)	1,000.	0.			GRANT
THE NATURE CONSERVANCY 505 5TH AVENUE, SUITE 930 DES MOINES, IA 50309	53-0242652	501(C)(3)	20,000.	0.			2012 GRANT
THE ROTARY CLUB OF DES MOINES FOUNDATION - 2700 FLEUR DRIVE - DES MOINES, IA 50321	42-1194017	501(C)(3)	33,000.	0.			DISTRIBUTION
THE WALLACE CENTERS OF IOWA 756 16TH STREET DES MOINES, IA 50314	42-1322071	501(C)(3)	500.	0.			WALLACE CENTER OF IOWA
THE WALLACE CENTERS OF IOWA 756 16TH STREET DES MOINES, IA 50314	42-1322071	501(C)(3)	6,400.	0.			OFFICE SPACE FOR NEW CHEF
THOMAS JEFFERSON FOUNDATION OF GREENE COUNTY - PO BOX 15 - JEFFERSON, IA 50129	27-4397174	501(C)(3)	20,000.	0.			THOMAS JEFFERSON GARDENS - PHASE 1
TOLERANCE IN MOTION 150 S 5TH STREET, SUITE 2300 MINNEAPOLIS, MN 55402	46-0618794	501(C)(3)	5,000.	0.			GRANT
TRIGG-C M RUSSELL FOUNDATION INC. 400 13TH STREET N GREAT FALLS, MT 59401	81-6003526	501(C)(3)	25,000.	0.			ART IN ACTION EVENT

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
TWIN LAKES CHRISTIAN CENTER 7718 TWIN LAKES ROAD MANSON, IA 50563	42-0871675	501(C)(3)	5,000.	0.			WATERFRONT IMPROVEMENT
UNITARIAN UNIVERSALIST SERVICE COMMITTEE INC. - 689 MASSACHUSETTS AVENUE - CAMBRIDGE, MA 02139	04-6186012	501(C)(3)	5,000.	0.			GRANT
UNITED WAY OF CENTRAL IOWA 1111 9TH STREET, SUITE 100 DES MOINES, IA 50314	42-0680425	501(C)(3)	73.	0.			2012 ANNUAL GIFT
UNITED WAY OF CENTRAL IOWA 1111 9TH STREET, SUITE 100 DES MOINES, IA 50314	42-0680425	501(C)(3)	250.	0.			GRANT
UNITED WAY OF CENTRAL IOWA 1111 9TH STREET, SUITE 100 DES MOINES, IA 50314	42-0680425	501(C)(3)	400.	0.			GRANT
UNITED WAY OF CENTRAL IOWA 1111 9TH STREET, SUITE 100 DES MOINES, IA 50314	42-0680425	501(C)(3)	1,000.	0.			ANNUAL CAMPAIGN
UNITED WAY OF CENTRAL IOWA 1111 9TH STREET, SUITE 100 DES MOINES, IA 50314	42-0680425	501(C)(3)	1,000.	0.			GRANT
UNITED WAY OF CENTRAL IOWA 1111 9TH STREET, SUITE 100 DES MOINES, IA 50314	42-0680425	501(C)(3)	1,003.	0.			CONFERENCE FOR MARVIN DE JEAR
UNITED WAY OF CENTRAL IOWA 1111 9TH STREET, SUITE 100 DES MOINES, IA 50314	42-0680425	501(C)(3)	2,000.	0.			2012 UNITED WAY CAMPAIGN

Schedule I (Form 990)



COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF CENTRAL IOWA 1111 9TH STREET, SUITE 100 DES MOINES, IA 50314	42-0680425	501(C)(3)	2,000.	0.			OAKRIDGE NEIGHBORHOOD SERVICES
UNITED WAY OF CENTRAL IOWA 1111 9TH STREET, SUITE 100 DES MOINES, IA 50314	42-0680425	501(C)(3)	2,427.	0.			2012 ANNUAL GIFT
UNITED WAY OF CENTRAL IOWA 1111 9TH STREET, SUITE 100 DES MOINES, IA 50314	42-0680425	501(C)(3)	2,500.	0.			DONATION FROM LIBERTY BANK
UNITED WAY OF CENTRAL IOWA 1111 9TH STREET, SUITE 100 DES MOINES, IA 50314	42-0680425	501(C)(3)	2,500.	0.			FULFILL 2012 PLEDGE
UNITED WAY OF CENTRAL IOWA 1111 9TH STREET, SUITE 100 DES MOINES, IA 50314	42-0680425	501(C)(3)	2,500.	0.			FULFILL 2012 PLEDGE
UNITED WAY OF CENTRAL IOWA 1111 9TH STREET, SUITE 100 DES MOINES, IA 50314	42-0680425	501(C)(3)	3,800.	0.			CAMPAIGN CONTRIBUTION
UNITED WAY OF CENTRAL IOWA 1111 9TH STREET, SUITE 100 DES MOINES, IA 50314	42-0680425	501(C)(3)	5,000.	0.			DONOR LEVERAGED GRANT FOR CENTRAL IOWA WORKS- RESTRICTED TO TRAINING COSTS
UNITED WAY OF CENTRAL IOWA 1111 9TH STREET, SUITE 100 DES MOINES, IA 50314	42-0680425	501(C)(3)	6,000.	0.			2012 IOWA ACES SUMMIT
UNITED WAY OF CENTRAL IOWA 1111 9TH STREET, SUITE 100 DES MOINES, IA 50314	42-0680425	501(C)(3)	6,000.	0.			UNITED WAY TO MERCY FOUNDATION

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF CENTRAL IOWA 1111 9TH STREET, SUITE 100 DES MOINES, IA 50314	42-0680425	501(C)(3)	6,163.	0.			GRANT
UNITED WAY OF CENTRAL IOWA 1111 9TH STREET, SUITE 100 DES MOINES, IA 50314	42-0680425	501(C)(3)	7,500.	0.			2012 ANNUAL GIFT
UNITED WAY OF CENTRAL IOWA 1111 9TH STREET, SUITE 100 DES MOINES, IA 50314	42-0680425	501(C)(3)	9,000.	0.			ANNUAL GRANT
UNITED WAY OF CENTRAL IOWA 1111 9TH STREET, SUITE 100 DES MOINES, IA 50314	42-0680425	501(C)(3)	10,000.	0.			CENTRAL IOWA WORKS
UNITED WAY OF CENTRAL IOWA 1111 9TH STREET, SUITE 100 DES MOINES, IA 50314	42-0680425	501(C)(3)	10,000.	0.			CENTRAL IOWA WORKS MATCHING GRANT
UNITED WAY OF CENTRAL IOWA 1111 9TH STREET, SUITE 100 DES MOINES, IA 50314	42-0680425	501(C)(3)	10,000.	0.			WOMEN'S LEADERSHIP CONNECTION
UNITED WAY OF CENTRAL IOWA 1111 9TH STREET, SUITE 100 DES MOINES, IA 50314	42-0680425	501(C)(3)	10,000.	0.			GRANT
UNITED WAY OF CENTRAL IOWA 1111 9TH STREET, SUITE 100 DES MOINES, IA 50314	42-0680425	501(C)(3)	10,000.	0.			GRANT
UNITED WAY OF CENTRAL IOWA 1111 9TH STREET, SUITE 100 DES MOINES, IA 50314	42-0680425	501(C)(3)	10,000.	0.			GRANT

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF CENTRAL IOWA 1111 9TH STREET, SUITE 100 DES MOINES, IA 50314	42-0680425	501(C)(3)	10,000.	0.			TOCQUEVILLE SOCIETY
UNITED WAY OF CENTRAL IOWA 1111 9TH STREET, SUITE 100 DES MOINES, IA 50314	42-0680425	501(C)(3)	11,000.	0.			GRANT
UNITED WAY OF CENTRAL IOWA 1111 9TH STREET, SUITE 100 DES MOINES, IA 50314	42-0680425	501(C)(3)	11,500.	0.			2012 ANNUAL GIFT 2012 ANNUAL GIFT
UNITED WAY OF CENTRAL IOWA 1111 9TH STREET, SUITE 100 DES MOINES, IA 50314	42-0680425	501(C)(3)	13,837.	0.			GRANT
UNITED WAY OF CENTRAL IOWA 1111 9TH STREET, SUITE 100 DES MOINES, IA 50314	42-0680425	501(C)(3)	14,000.	0.			GRANT
UNITED WAY OF CENTRAL IOWA 1111 9TH STREET, SUITE 100 DES MOINES, IA 50314	42-0680425	501(C)(3)	14,630.	0.			GRANT
UNITED WAY OF CENTRAL IOWA 1111 9TH STREET, SUITE 100 DES MOINES, IA 50314	42-0680425	501(C)(3)	15,000.	0.			GRANT
UNITED WAY OF CENTRAL IOWA 1111 9TH STREET, SUITE 100 DES MOINES, IA 50314	42-0680425	501(C)(3)	16,000.	0.			COMMITMENT
UNITED WAY OF CENTRAL IOWA 1111 9TH STREET, SUITE 100 DES MOINES, IA 50314	42-0680425	501(C)(3)	20,000.	0.			GRANT

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF CENTRAL IOWA 1111 9TH STREET, SUITE 100 DES MOINES, IA 50314	42-0680425	501(C)(3)	20,000.	0.			STABLE FAMILIES INITIATIVE
UNITED WAY OF CENTRAL IOWA 1111 9TH STREET, SUITE 100 DES MOINES, IA 50314	42-0680425	501(C)(3)	23,000.	0.			TOCQUEVILLE SOCIETY
UNITED WAY OF CENTRAL IOWA 1111 9TH STREET, SUITE 100 DES MOINES, IA 50314	42-0680425	501(C)(3)	25,000.	0.			TOCQUEVILLE SOCIETY
UNITED WAY OF CENTRAL IOWA 1111 9TH STREET, SUITE 100 DES MOINES, IA 50314	42-0680425	501(C)(3)	25,000.	0.			TOCQUEVILLE SOCIETY
UNITED WAY OF CENTRAL IOWA 1111 9TH STREET, SUITE 100 DES MOINES, IA 50314	42-0680425	501(C)(3)	46,370.	0.			ANNUAL DISTRIBUTION
UNITED WAY OF CENTRAL IOWA 1111 9TH STREET, SUITE 100 DES MOINES, IA 50314	42-0680425	501(C)(3)	50,000.	0.			GRANT
UNITED WAY OF CENTRAL IOWA 1111 9TH STREET, SUITE 100 DES MOINES, IA 50314	42-0680425	501(C)(3)	55,000.	0.			EDCWF EXECUTIVE DIRECTOR SALARY
UNITED WAY OF CENTRAL IOWA 1111 9TH STREET, SUITE 100 DES MOINES, IA 50314	42-0680425	501(C)(3)	59,000.	0.			GRANT
UNITED WAY OF CENTRAL IOWA 1111 9TH STREET, SUITE 100 DES MOINES, IA 50314	42-0680425	501(C)(3)	100,000.	0.			TOCQUEVILLE CONTRIBUTION

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF STORY COUNTY 315 CLARK AVENUE AMES, IA 50010	42-0947489	501(C)(3)	2,000.	0.			GRANT
UNITED WAY OF STORY COUNTY 315 CLARK AVENUE AMES, IA 50010	42-0947489	501(C)(3)	10,283.	0.			BACKPACK BUDDIES PROGRAM
UNITED WAY OF STORY COUNTY 315 CLARK AVENUE AMES, IA 50010	42-0947489	501(C)(3)	11,562.	0.			TRANSFER OF STOCK GIFTS
UNITED WAY OF THE QUAD CITIES AREA PO BOX 2529 DAVENPORT, IA 52809-2529	36-2725960	501(C)(3)	110,953.	0.			STOCK GIFT PROCEEDS FROM JOE AND MARY BUSH, AND PATRICIA BUSH
UNIVERSITY OF ARKANSAS LITTLE ROCK UALR DEVELOPMENT OFFICE LITTLE ROCK, AR 72204	23-7424323	501(C)(3)	5,000.	0.			KUMPURIS FELLOWSHIP
UNIVERSITY OF IOWA OFFICE OF STUDENT FINANCIAL AID IOWA CITY, IA 52242	42-6004813	170(B)	-9,750.	0.			SPRING 2012 REACH SCHOLARSHIPS
UNIVERSITY OF IOWA OFFICE OF STUDENT FINANCIAL AID IOWA CITY, IA 52242	42-6004813	170(B)	800.	0.			SCHOLARSHIP FOR ADETAYO OLADELE- AJOSE
UNIVERSITY OF IOWA OFFICE OF STUDENT FINANCIAL AID IOWA CITY, IA 52242	42-6004813	170(B)	800.	0.			SCHOLARSHIP FOR ASHLEIGH DUNLAP
UNIVERSITY OF IOWA OFFICE OF STUDENT FINANCIAL AID IOWA CITY, IA 52242	42-6004813	170(B)	800.	0.			SCHOLARSHIP FOR CHELCIE SCOTT

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF IOWA OFFICE OF STUDENT FINANCIAL AID IOWA CITY, IA 52242	42-6004813	170(B)	800.	0.			SCHOLARSHIP FOR KALEB JORDAN VAN CLEAVE
UNIVERSITY OF IOWA OFFICE OF STUDENT FINANCIAL AID IOWA CITY, IA 52242	42-6004813	170(B)	1,000.	0.			SCHOLARSHIP FOR JAILYN VRBAN
UNIVERSITY OF IOWA OFFICE OF STUDENT FINANCIAL AID IOWA CITY, IA 52242	42-6004813	170(B)	1,000.	0.			CANCER RESEARCH
UNIVERSITY OF IOWA OFFICE OF STUDENT FINANCIAL AID IOWA CITY, IA 52242	42-6004813	170(B)	10,000.	0.			HOAK VARSITY GOLF COMPLEX
UNIVERSITY OF IOWA OFFICE OF STUDENT FINANCIAL AID IOWA CITY, IA 52242	42-6004813	170(B)	20,000.	0.			DR. J. SORENSEN #2635 LOAN NUMBER H2037A
UNIVERSITY OF IOWA OFFICE OF STUDENT FINANCIAL AID IOWA CITY, IA 52242	42-6004813	170(B)	43,900.	0.			GRANT
UNIVERSITY OF IOWA FOUNDATION PO BOX 4550 IOWA CITY, IA 52244	42-0796760	501(C)(3)	200.	0.			GRANT TO IOWA LAW SCHOOL FOUNDATION
UNIVERSITY OF IOWA FOUNDATION PO BOX 4550 IOWA CITY, IA 52244	42-0796760	501(C)(3)	500.	0.			ACTUARIAL SCIENCE FUND, COLLEGE OF PUBLIC HEALTH
UNIVERSITY OF IOWA FOUNDATION PO BOX 4550 IOWA CITY, IA 52244	42-0796760	501(C)(3)	1,000.	0.			GRANT

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF IOWA FOUNDATION PO BOX 4550 IOWA CITY, IA 52244	42-0796760	501(C)(3)	1,000.	0.			NATIONAL I-CLUB BOARD ATHLETIC SCHOLARSHIP
UNIVERSITY OF IOWA FOUNDATION PO BOX 4550 IOWA CITY, IA 52244	42-0796760	501(C)(3)	4,200.	0.			THE VAUGHAN INSTITUTE
UNIVERSITY OF IOWA FOUNDATION PO BOX 4550 IOWA CITY, IA 52244	42-0796760	501(C)(3)	5,000.	0.			JPEC ACCT 30-325-000
UNIVERSITY OF IOWA FOUNDATION PO BOX 4550 IOWA CITY, IA 52244	42-0796760	501(C)(3)	11,025.	0.			SCHOLARSHIPS OF \$1,000 FOR 8 INDIVIDUALS AND CONFERENCE FEE'S
UNIVERSITY OF IOWA FOUNDATION PO BOX 4550 IOWA CITY, IA 52244	42-0796760	501(C)(3)	20,000.	0.			CARVER HAWKEYE ARENA ENHANCEMENT
UNIVERSITY OF IOWA FOUNDATION PO BOX 4550 IOWA CITY, IA 52244	42-0796760	501(C)(3)	150,000.	0.			GRANT
UNIVERSITY OF NORTHERN IOWA FOUNDATION - UNIVERSITY OF NORTHERN IOWA - CEDAR FALLS, IA 50613-0239	42-6058591	501(C)(3)	12,000.	0.			FOR THE WRITING AND CIVIC LITERACY WORKSHOP, FOLLOW-UP, AND IWP OPERATIONAL EXPENSES
UNIVERSITY OF NOTRE DAME 1100 GRACE HALL NOTRE DAME, IN 46556-5612	35-0868188	501(C)(3)	1,500.	0.			ROCKNE HERITAGE FOUNDATION/JOYCE GRANT IN AID PROGRAM
UNIVERSITY OF NOTRE DAME 1100 GRACE HALL NOTRE DAME, IN 46556-5612	35-0868188	501(C)(3)	1,500.	0.			SORIN SOCIETY

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF NOTRE DAME 1100 GRACE HALL NOTRE DAME, IN 46556-5612	35-0868188	501(C)(3)	7,500.	0.			ANNUAL FUND CONTRIBUTION
UNIVERSITY OF NOTRE DAME 1100 GRACE HALL NOTRE DAME, IN 46556-5612	35-0868188	501(C)(3)	20,000.	0.			GRANT IN AID PROGRAM CONTRIBUTION
UPPER DES MOINES OPPORTUNITY, INC. PO BOX 519 GRAETTINGER, IA 51342	42-0923424	501(C)(3)	3,440.	0.			FOOD PANTRY CHALLENGE
UPPER DES MOINES OPPORTUNITY, INC. PO BOX 519 GRAETTINGER, IA 51342	42-0923424	501(C)(3)	3,600.	0.			FOOD PANTRY CHALLENGE
UPPER DES MOINES OPPORTUNITY, INC. PO BOX 519 GRAETTINGER, IA 51342	42-0923424	501(C)(3)	3,901.	0.			FOOD PANTRY CHALLENGE
UPPER DES MOINES OPPORTUNITY, INC. PO BOX 519 GRAETTINGER, IA 51342	42-0923424	501(C)(3)	4,090.	0.			EARLY CHILDHOOD IOWA
URBAN DREAMS 1410 6TH AVENUE DES MOINES, IA 50314	42-1225264	501(C)(3)	25,000.	0.			GRANT
URBAN DALE COMMUNITY SCHOOL DISTRICT - 6200 AURORA AVENUE, SUITE 500W - URBAN DALE, IA 50322	42-6039212	170(B)	5,836.	0.			FALL ALLOCATION 2012-2013
US DEPARTMENT OF EDUCATION DIRECT LOAN SERVICING CENTER ATLANTA, GA 30353-0260	52-2195182	501(C)(3)	10,000.	0.			PAYMENT FOR LOAN ID 490376282

Schedule I (Form 990)



COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
US DEPARTMENT OF EDUCATION DIRECT LOAN SERVICING CENTER ATLANTA, GA 30353-0260	52-2195182	501(C)(3)	12,500.	0.			ACCT #489045886 DR. KIRSTINA GRATZ
US DEPARTMENT OF EDUCATION DIRECT LOAN SERVICING CENTER ATLANTA, GA 30353-0260	52-2195182	501(C)(3)	20,000.	0.			PRINCIPAL PAYMENT FOR DR. R. MORENO ACCT #F489045858
US DEPARTMENT OF EDUCATION DIRECT LOAN SERVICING CENTER ATLANTA, GA 30353-0260	52-2195182	501(C)(3)	25,000.	0.			ACCOUNT NUMBER F489372790
VARIETY - THE CHILDREN'S CHARITY 505 5TH AVENUE, SUITE 310 DES MOINES, IA 50309	42-6077108	501(C)(3)	100.	0.			GRANT
VARIETY - THE CHILDREN'S CHARITY 505 5TH AVENUE, SUITE 310 DES MOINES, IA 50309	42-6077108	501(C)(3)	104.	0.			SUPPORT ANNUAL TELETHON
VARIETY - THE CHILDREN'S CHARITY 505 5TH AVENUE, SUITE 310 DES MOINES, IA 50309	42-6077108	501(C)(3)	400.	0.			GRANT
VARIETY - THE CHILDREN'S CHARITY 505 5TH AVENUE, SUITE 310 DES MOINES, IA 50309	42-6077108	501(C)(3)	520.	0.			TELETHON CONTRIBUTION
VARIETY - THE CHILDREN'S CHARITY 505 5TH AVENUE, SUITE 310 DES MOINES, IA 50309	42-6077108	501(C)(3)	752.	0.			GRANT
VARIETY - THE CHILDREN'S CHARITY 505 5TH AVENUE, SUITE 310 DES MOINES, IA 50309	42-6077108	501(C)(3)	955.	0.			REQUESTED DISTRIBUTION

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VARIETY - THE CHILDREN'S CHARITY 505 5TH AVENUE, SUITE 310 DES MOINES, IA 50309	42-6077108	501(C)(3)	962.	0.			DISTRIBUTION
VARIETY - THE CHILDREN'S CHARITY 505 5TH AVENUE, SUITE 310 DES MOINES, IA 50309	42-6077108	501(C)(3)	1,000.	0.			GRANT
VARIETY - THE CHILDREN'S CHARITY 505 5TH AVENUE, SUITE 310 DES MOINES, IA 50309	42-6077108	501(C)(3)	1,000.	0.			GRANT
VARIETY - THE CHILDREN'S CHARITY 505 5TH AVENUE, SUITE 310 DES MOINES, IA 50309	42-6077108	501(C)(3)	1,040.	0.			GRANT
VARIETY - THE CHILDREN'S CHARITY 505 5TH AVENUE, SUITE 310 DES MOINES, IA 50309	42-6077108	501(C)(3)	1,466.	0.			GRANT
VARIETY - THE CHILDREN'S CHARITY 505 5TH AVENUE, SUITE 310 DES MOINES, IA 50309	42-6077108	501(C)(3)	1,720.	0.			EARNINGS FROM 10/1-12/31/11
VARIETY - THE CHILDREN'S CHARITY 505 5TH AVENUE, SUITE 310 DES MOINES, IA 50309	42-6077108	501(C)(3)	2,000.	0.			CONTRIBUTION
VARIETY - THE CHILDREN'S CHARITY 505 5TH AVENUE, SUITE 310 DES MOINES, IA 50309	42-6077108	501(C)(3)	4,000.	0.			GRANT
VARIETY - THE CHILDREN'S CHARITY 505 5TH AVENUE, SUITE 310 DES MOINES, IA 50309	42-6077108	501(C)(3)	4,420.	0.			DEDUCTIBLE PORTION OF VARIETY KUM & GO SPONSORSHIP OF BLACK TIE GALA

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VARIETY - THE CHILDREN'S CHARITY 505 5TH AVENUE, SUITE 310 DES MOINES, IA 50309	42-6077108	501(C)(3)	5,000.	0.			GRANT
VARIETY - THE CHILDREN'S CHARITY 505 5TH AVENUE, SUITE 310 DES MOINES, IA 50309	42-6077108	501(C)(3)	8,500.	0.			GRANT
VARIETY - THE CHILDREN'S CHARITY 505 5TH AVENUE, SUITE 310 DES MOINES, IA 50309	42-6077108	501(C)(3)	10,000.	0.			GRANT
VARIETY CLUB OF IOWA, INC. 505 5TH AVENUE, SUITE 310 DES MOINES, IA 50309-2322	42-6077108	501(C)(3)	50.	0.			GRANT
VARIETY CLUB OF IOWA, INC. 505 5TH AVENUE, SUITE 310 DES MOINES, IA 50309-2322	42-6077108	501(C)(3)	260.	0.			2012 ANNUAL TELETHON
VARIETY CLUB OF IOWA, INC. 505 5TH AVENUE, SUITE 310 DES MOINES, IA 50309-2322	42-6077108	501(C)(3)	500.	0.			VARIETY CLUB
VARIETY CLUB OF IOWA, INC. 505 5TH AVENUE, SUITE 310 DES MOINES, IA 50309-2322	42-6077108	501(C)(3)	10,000.	0.			2012 TELETHON CONTRIBUTION
VETERANS OF FOREIGN WARS OF THE UNITED STATES DEPARTMENT OF IOWA - 3601 BEAVER AVENUE - DES MOINES, IA 50310	42-0331186	501(C)(3)	500.	0.			HANDICAP ACCESSIBLE
VETERANS OF FOREIGN WARS OF THE UNITED STATES DEPARTMENT OF IOWA - 3601 BEAVER AVENUE - DES MOINES, IA 50310	42-0331186	501(C)(3)	1,100.	0.			BELMOND VFW POST 4244 DOOR REPLACEMENTS

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
VETERANS OF FOREIGN WARS OF THE UNITED STATES DEPARTMENT OF IOWA - 3601 BEAVER AVENUE - DES MOINES, IA 50310	42-0331186	501(C)(3)	3,250.	0.			BATHROOM REMODEL
VETERANS OF FOREIGN WARS OF THE UNITED STATES DEPARTMENT OF IOWA - 3601 BEAVER AVENUE - DES MOINES, IA 50310	42-0331186	501(C)(3)	5,000.	0.			HANDICAP ACCESS
VETERANS OF FOREIGN WARS OF THE UNITED STATES DEPARTMENT OF IOWA - 3601 BEAVER AVENUE - DES MOINES, IA 50310	42-0331186	501(C)(3)	12,000.	0.			VETERAN MEMORIAL PARK
VOLUNTARY ACTION CENTER OF THE IOWA GREAT LAKES, INC. - 800 21ST STREET - SPIRIT LAKE, IA 51360	42-1021005	501(C)(3)	2,500.	0.			COMMUNITY GARDEN
VOLUNTARY ACTION CENTER OF THE IOWA GREAT LAKES, INC. - 800 21ST STREET - SPIRIT LAKE, IA 51360	42-1021005	501(C)(3)	5,760.	0.			MEALS ON WHEELS
WALK THRU THE BIBLE 4201 N PEACHTREE ROAD ATLANTA, GA 30341-9932	93-0669857	501(C)(3)	25,000.	0.			GRANT
WALLACE HOUSE FOUNDATION 756 16TH STREET DES MOINES, IA 50314	42-1322071	501(C)(3)	1,500.	0.			SUMMER PROGRAMMING
WALLACE HOUSE FOUNDATION 756 16TH STREET DES MOINES, IA 50314	42-1322071	501(C)(3)	7,000.	0.			FARMS PROGRAM ASSISTANT
WARREN COUNTY 301 N BUXTON, SUITE 203 INDIANOLA, IA 50125	42-6004798	170(B)	5,000.	0.			WARREN COUNTY HEALTH SERVICES- NECESSITY PANTRY

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
WAUKEE BAND PARENTS ORGANIZATION PO BOX 873 WAUKEE, IA 50263	42-1490000	501(C)(3)	2,000.	0.			DONATION TO SUPPORT THE WAUKEE PERCUSSION.
WAUKEE BAND PARENTS ORGANIZATION PO BOX 873 WAUKEE, IA 50263	42-1490000	501(C)(3)	3,000.	0.			DONATION TO SUPPORT THE WAUKEE PERCUSSION.
WAUKEE COMMUNITY SCHOOL DISTRICT 560 SE UNIVERSITY AVENUE WAUKEE, IA 50263	42-6003918	170(B)	14,063.	0.			FALL ALLOCATION 2012-2013
WAYLAND MENNONITE HOME ASSOCIATION 102 N JACKSON STREET WAYLAND, IA 52654	42-0847787	501(C)(3)	7,500.	0.			APARTMENT RE-ROOFING
WESCO INDUSTRIES 415 S 11TH DENISON, IA 51442	42-6098004	501(C)(3)	5,000.	0.			GRANT
WESLEY ACRES 3520 GRAND AVENUE DES MOINES, IA 50312	42-0680440	501(C)(3)	100.	0.			GRANT
WESLEY ACRES 3520 GRAND AVENUE DES MOINES, IA 50312	42-0680440	501(C)(3)	150.	0.			GRANT
WESLEY ACRES 3520 GRAND AVENUE DES MOINES, IA 50312	42-0680440	501(C)(3)	10,000.	0.			DONATION TO GOOD SAMARITAN FUND
WEST DES MOINES COMMUNITY ENRICHMENT FOUNDATION PASSTHROUGH FUND - 1915 GRAND AVENUE - DES MOINES, IA 50309	42-6139033	501(C)(3)	6,570.	0.			GRANT

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
WEST DES MOINES COMMUNITY SCHOOLS 3550 MILLS CIVIC PARKWAY WEST DES MOINES, IA 50265	42-6004027	170(B)	14,539.	0.			FALL ALLOCATION 2012-2013
WEST DES MOINES HUMAN SERVICES PO BOX 65320 WEST DES MOINES, IA 50265-0320	42-6005359	170(B)	93.	0.			CORPORATE DINNER SPONSORSHIP
WEST DES MOINES HUMAN SERVICES PO BOX 65320 WEST DES MOINES, IA 50265-0320	42-6005359	170(B)	390.	0.			CORPORATE DINNER SPONSORSHIP
WEST DES MOINES HUMAN SERVICES PO BOX 65320 WEST DES MOINES, IA 50265-0320	42-6005359	170(B)	500.	0.			ASSIST FAMILIES IN NEED DURING THE HOLIDAYS
WEST DES MOINES HUMAN SERVICES PO BOX 65320 WEST DES MOINES, IA 50265-0320	42-6005359	170(B)	2,500.	0.			GRANT
WEST DES MOINES HUMAN SERVICES PO BOX 65320 WEST DES MOINES, IA 50265-0320	42-6005359	170(B)	10,000.	0.			EMERGENCY FUND AND PERSONAL NEEDS PANTRY
WEST DM COMMUNITY SCHOOLS FOUNDATION - 3550 MILLS CIVIC PARKWAY - WEST DES MOINES, IA 50265	42-1355170	501(C)(3)	250.	0.			BOOSTER PAK- FEEDING HUNGRY CHILDREN
WEST DM COMMUNITY SCHOOLS FOUNDATION - 3550 MILLS CIVIC PARKWAY - WEST DES MOINES, IA 50265	42-1355170	501(C)(3)	1,000.	0.			VALLEY VOICES/VOCAL DEPARTMENT
WEST DM COMMUNITY SCHOOLS FOUNDATION - 3550 MILLS CIVIC PARKWAY - WEST DES MOINES, IA 50265	42-1355170	501(C)(3)	5,000.	0.			TIGER PRIDE SUPPLIES

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
WEST FORK SERVICES, INC. PO BOX 587 HUMBOLDT, IA 50548	42-1166301	501(C)(3)	6,500.	0.			AUTOMATIC DOUBLE DOORS
WESTERN IOWA TECH COMMUNITY COLLEGE - PO BOX 5199 - SIOUX CITY, IA 51102	42-1355682	501(C)(3)	1,000.	0.			GRANT
WESTERN IOWA TECH COMMUNITY COLLEGE - PO BOX 5199 - SIOUX CITY, IA 51102	42-1355682	501(C)(3)	4,000.	0.			COMMUNITY GARDEN
WHITEROCK CONSERVANCY 1390 HIGHWAY 141 COON RAPIDS, IA 50058	27-0110952	501(C)(3)	500.	0.			UNRESTRICTED
WHITEROCK CONSERVANCY 1390 HIGHWAY 141 COON RAPIDS, IA 50058	27-0110952	501(C)(3)	1,000.	0.			GRANT
WHITEROCK CONSERVANCY 1390 HIGHWAY 141 COON RAPIDS, IA 50058	27-0110952	501(C)(3)	1,000.	0.			GRANT
WHITEROCK CONSERVANCY 1390 HIGHWAY 141 COON RAPIDS, IA 50058	27-0110952	501(C)(3)	4,000.	0.			EQUIPMENT AND CLEARING OF 30 ACRES
WHITEROCK CONSERVANCY 1390 HIGHWAY 141 COON RAPIDS, IA 50058	27-0110952	501(C)(3)	7,000.	0.			GRANT
WILDWOOD HILLS RANCH 2552 UNION LANE ST. CHARLES, IA 50240	42-1517411	501(C)(3)	100.	0.			GRANT

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
WILDWOOD HILLS RANCH 2552 UNION LANE ST. CHARLES, IA 50240	42-1517411	501(C)(3)	10,000.	0.			RANCH NEEDS PER EXECUTIVE DIRECTOR
WILLIAM PENN UNIVERSITY 201 TRUEBLOOD AVENUE OSKALOOSA, IA 52577	42-0707120	501(C)(3)	5,000.	0.			CLASSROOM FOR MATHEMATICS
WORLD FOOD PRIZE FOUNDATION 1700 RUAN CENTER DES MOINES, IA 50309	42-1356715	501(C)(3)	5,000.	0.			2011 AND 2012 CONTRIBUTION
WORLD FOOD PRIZE FOUNDATION 1700 RUAN CENTER DES MOINES, IA 50309	42-1356715	501(C)(3)	10,000.	0.			HALL OF LAUREATES
WORLD FOOD PRIZE FOUNDATION 1700 RUAN CENTER DES MOINES, IA 50309	42-1356715	501(C)(3)	20,000.	0.			LIBRARY BUILDING RENOVATION
WORLD OF DIFFERENCE 11822 NW BROOKVIEW LANE GRIMES, IA 50111	56-2524321	501(C)(3)	5,000.	0.			TEACHING CULTURAL DIVERSITY IN SCHOOLS
WRIGHT COUNTY ECONOMIC DEVELOPMENT PO BOX 214 CLARION, IA 50525	42-6004388	501(C)(3)	702.	0.			MISCELLANEOUS EXPENSES
WRIGHT COUNTY ECONOMIC DEVELOPMENT PO BOX 214 CLARION, IA 50525	42-6004388	501(C)(3)	763.	0.			DIRECT EXPENSES
WRIGHT COUNTY ECONOMIC DEVELOPMENT PO BOX 214 CLARION, IA 50525	42-6004388	501(C)(3)	1,400.	0.			ENTREPRENEUR FOR A DAY-E4D

Schedule I (Form 990)



COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
WRIGHT COUNTY ECONOMIC DEVELOPMENT PO BOX 214 CLARION, IA 50525	42-6004388	501(C)(3)	1,751.	0.			LEADERSHIP CLASS EXPENSES
WRIGHT COUNTY ECONOMIC DEVELOPMENT PO BOX 214 CLARION, IA 50525	42-6004388	501(C)(3)	3,800.	0.			WATER/ ICE RESCUE EQUIPMENT
WRIGHT COUNTY ECONOMIC DEVELOPMENT PO BOX 214 CLARION, IA 50525	42-6004388	501(C)(3)	6,400.	0.			NEW OPEN AIR SHELTER HOUSE
WRIGHT COUNTY HISTORICAL SOCIETY 615 5TH AVE NE CLARION, IA 50525	42-1047235	501(C)(3)	700.	0.			NEW SHELVING FOR STORAGE
WRIGHT COUNTY HISTORICAL SOCIETY 615 5TH AVE NE CLARION, IA 50525	42-1047235	501(C)(3)	5,000.	0.			CARNEGIE LIBRARY FRONT ENTRY
YMCA CAMP 1192 166TH DRIVE BOONE, IA 50036	42-0680438	501(C)(3)	200.	0.			Y CAMP
YMCA CAMP 1192 166TH DRIVE BOONE, IA 50036	42-0680438	501(C)(3)	4,000.	0.			PARTNERSHIP WITH YOUTH 2012
YMCA CAMP 1192 166TH DRIVE BOONE, IA 50036	42-0680438	501(C)(3)	12,500.	0.			YMCA CAMP CAPITAL CAMPAIGN
YMCA OF GREATER DES MOINES 101 LOCUST STREET DES MOINES, IA 50309	42-0680438	501(C)(3)	100.	0.			GRANT

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA OF GREATER DES MOINES 101 LOCUST STREET DES MOINES, IA 50309	42-0680438	501(C)(3)	150.	0.			GRANT
YMCA OF GREATER DES MOINES 101 LOCUST STREET DES MOINES, IA 50309	42-0680438	501(C)(3)	200.	0.			Y PARTNERS ANNUAL CAMPAIGN
YMCA OF GREATER DES MOINES 101 LOCUST STREET DES MOINES, IA 50309	42-0680438	501(C)(3)	250.	0.			IN MEMORY OF CHUCK MUELHAUPT
YMCA OF GREATER DES MOINES 101 LOCUST STREET DES MOINES, IA 50309	42-0680438	501(C)(3)	250.	0.			NON-RESTRICTED GRANT
YMCA OF GREATER DES MOINES 101 LOCUST STREET DES MOINES, IA 50309	42-0680438	501(C)(3)	250.	0.			SUPPORTIVE HOUSING
YMCA OF GREATER DES MOINES 101 LOCUST STREET DES MOINES, IA 50309	42-0680438	501(C)(3)	250.	0.			SUPPORTIVE HOUSING DONATION
YMCA OF GREATER DES MOINES 101 LOCUST STREET DES MOINES, IA 50309	42-0680438	501(C)(3)	500.	0.			2012 Y PARTNERS ANNUAL CAMPAIGN
YMCA OF GREATER DES MOINES 101 LOCUST STREET DES MOINES, IA 50309	42-0680438	501(C)(3)	500.	0.			BASKETBALL CAMP
YMCA OF GREATER DES MOINES 101 LOCUST STREET DES MOINES, IA 50309	42-0680438	501(C)(3)	500.	0.			FATHERHOOD INITIATIVE - GRUBB YMCA

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA OF GREATER DES MOINES 101 LOCUST STREET DES MOINES, IA 50309	42-0680438	501(C)(3)	500.	0.			FATHERHOOD INITIATIVE FOR GRUBB YMCA
YMCA OF GREATER DES MOINES 101 LOCUST STREET DES MOINES, IA 50309	42-0680438	501(C)(3)	500.	0.			GRANT
YMCA OF GREATER DES MOINES 101 LOCUST STREET DES MOINES, IA 50309	42-0680438	501(C)(3)	500.	0.			SUPPORTIVE HOUSING
YMCA OF GREATER DES MOINES 101 LOCUST STREET DES MOINES, IA 50309	42-0680438	501(C)(3)	500.	0.			SUPPORTIVE HOUSING
YMCA OF GREATER DES MOINES 101 LOCUST STREET DES MOINES, IA 50309	42-0680438	501(C)(3)	1,000.	0.			\$500 - SUPPORTIVE HOUSING \$500 - FATHERHOOD INITIATIVE
YMCA OF GREATER DES MOINES 101 LOCUST STREET DES MOINES, IA 50309	42-0680438	501(C)(3)	1,000.	0.			\$500 - SUPPORTIVE HOUSING, \$500 - FATHERHOOD INITIATIVE
YMCA OF GREATER DES MOINES 101 LOCUST STREET DES MOINES, IA 50309	42-0680438	501(C)(3)	1,000.	0.			FOR PARTNER WITH YOUTH PROGRAM
YMCA OF GREATER DES MOINES 101 LOCUST STREET DES MOINES, IA 50309	42-0680438	501(C)(3)	1,000.	0.			GRANT
YMCA OF GREATER DES MOINES 101 LOCUST STREET DES MOINES, IA 50309	42-0680438	501(C)(3)	1,000.	0.			HINDER CLUB TALLCORN TOURNAMENT

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA OF GREATER DES MOINES 101 LOCUST STREET DES MOINES, IA 50309	42-0680438	501(C)(3)	1,000.	0.			WAUKEE FAMILY YMCA PARTNER WITH YOUTH CAMPAIGN DONATION
YMCA OF GREATER DES MOINES 101 LOCUST STREET DES MOINES, IA 50309	42-0680438	501(C)(3)	1,200.	0.			Y PARTNERS GOLF CLASSIC
YMCA OF GREATER DES MOINES 101 LOCUST STREET DES MOINES, IA 50309	42-0680438	501(C)(3)	4,850.	0.			GRANT
YMCA OF GREATER DES MOINES 101 LOCUST STREET DES MOINES, IA 50309	42-0680438	501(C)(3)	5,000.	0.			2012 PARTNER WITH YOUTH
YMCA OF GREATER DES MOINES 101 LOCUST STREET DES MOINES, IA 50309	42-0680438	501(C)(3)	5,000.	0.			GRANT
YMCA OF GREATER DES MOINES 101 LOCUST STREET DES MOINES, IA 50309	42-0680438	501(C)(3)	10,000.	0.			WAUKEE FAMILY YMCA PARTNER WITH YOUTH CAMPAIGN DONATION
YMCA OF GREATER DES MOINES 101 LOCUST STREET DES MOINES, IA 50309	42-0680438	501(C)(3)	63,181.	0.			ANNUAL DISTRIBUTION
YMCA OF THE OKOBOJIS 1900 41ST STREET SPIRIT LAKE, IA 51360	42-0958909	501(C)(3)	477.	0.			ANNUAL DISTRIBUTION
YMCA OF THE OKOBOJIS 1900 41ST STREET SPIRIT LAKE, IA 51360	42-0958909	501(C)(3)	4,317.	0.			ANNUAL DISTRIBUTION

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA OF THE OKOBOJIS 1900 41ST STREET SPIRIT LAKE, IA 51360	42-0958909	501(C)(3)	4,791.	0.			ANNUAL DISTRIBUTION
YMCA OF THE OKOBOJIS 1900 41ST STREET SPIRIT LAKE, IA 51360	42-0958909	501(C)(3)	25,046.	0.			ANNUAL DISTRIBUTION
YOUNG WOMEN'S RESOURCE CENTER 818 5TH AVENUE DES MOINES, IA 50309	51-0186073	501(C)(3)	100.	0.			YOUNG WOMEN RESOURCE CENTER
YOUNG WOMEN'S RESOURCE CENTER 818 5TH AVENUE DES MOINES, IA 50309	51-0186073	501(C)(3)	300.	0.			CONTRIBUTION
YOUNG WOMEN'S RESOURCE CENTER 818 5TH AVENUE DES MOINES, IA 50309	51-0186073	501(C)(3)	300.	0.			GRANT
YOUNG WOMEN'S RESOURCE CENTER 818 5TH AVENUE DES MOINES, IA 50309	51-0186073	501(C)(3)	1,000.	0.			CONTRIBUTION
YOUNG WOMEN'S RESOURCE CENTER 818 5TH AVENUE DES MOINES, IA 50309	51-0186073	501(C)(3)	1,000.	0.			GIRL'S STORE
YOUNG WOMEN'S RESOURCE CENTER 818 5TH AVENUE DES MOINES, IA 50309	51-0186073	501(C)(3)	1,000.	0.			GRANT
YOUNG WOMEN'S RESOURCE CENTER 818 5TH AVENUE DES MOINES, IA 50309	51-0186073	501(C)(3)	5,000.	0.			BUILDING FUND

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
YOUNG WOMEN'S RESOURCE CENTER 818 5TH AVENUE DES MOINES, IA 50309	51-0186073	501(C)(3)	9,000.	0.			FINANCIAL LITERACY PROGRAM
YOUNG WOMEN'S RESOURCE CENTER 818 5TH AVENUE DES MOINES, IA 50309	51-0186073	501(C)(3)	9,000.	0.			GRANT
YOUNG WOMEN'S RESOURCE CENTER 818 5TH AVENUE DES MOINES, IA 50309	51-0186073	501(C)(3)	20,000.	0.			BUILDING ACQUISITION CAMPAIGN
YOUNG WOMEN'S RESOURCE CENTER 818 5TH AVENUE DES MOINES, IA 50309	51-0186073	501(C)(3)	30,000.	0.			PROPERTY ACQUISITION CONTRIBUTION
YOUNG WOMEN'S RESOURCE CENTER 818 5TH AVENUE DES MOINES, IA 50309	51-0186073	501(C)(3)	40,000.	0.			YOUNG MOM PROGRAM - INDIVIDUAL SUPPORT & THERAPY EXTENSION
YOUTH & SHELTER SERVICES INC. PO BOX 1628 AMES, IA 50010	42-1051609	501(C)(3)	25.	0.			GRANT
YOUTH & SHELTER SERVICES INC. PO BOX 1628 AMES, IA 50010	42-1051609	501(C)(3)	1,000.	0.			GRANT
YOUTH & SHELTER SERVICES INC. PO BOX 1628 AMES, IA 50010	42-1051609	501(C)(3)	1,000.	0.			GRANT
YOUTH & SHELTER SERVICES INC. PO BOX 1628 AMES, IA 50010	42-1051609	501(C)(3)	1,000.	0.			TEEN MAZE - EDUCATIONAL EVENT FOR 7TH GRADE STUDENTS

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
YOUTH & SHELTER SERVICES INC. PO BOX 1628 AMES, IA 50010	42-1051609	501(C)(3)	2,500.	0.			DONOR DATABASE TRAINING
YOUTH & SHELTER SERVICES INC. PO BOX 1628 AMES, IA 50010	42-1051609	501(C)(3)	3,500.	0.			TEEN MAZE
YOUTH & SHELTER SERVICES INC. PO BOX 1628 AMES, IA 50010	42-1051609	501(C)(3)	4,500.	0.			CRISIS INTERVENTION
YOUTH & SHELTER SERVICES INC. PO BOX 1628 AMES, IA 50010	42-1051609	501(C)(3)	6,000.	0.			UPDATES AND IMPROVEMENTS
YOUTH EMERGENCY SERVICES AND SHELTER - 918 SE 11TH STREET - DES MOINES, IA 50309	23-7442304	501(C)(3)	25.	0.			GRANT
YOUTH EMERGENCY SERVICES AND SHELTER - 918 SE 11TH STREET - DES MOINES, IA 50309	23-7442304	501(C)(3)	25.	0.			GRANT
YOUTH EMERGENCY SERVICES AND SHELTER - 918 SE 11TH STREET - DES MOINES, IA 50309	23-7442304	501(C)(3)	25.	0.			GRANT
YOUTH EMERGENCY SERVICES AND SHELTER - 918 SE 11TH STREET - DES MOINES, IA 50309	23-7442304	501(C)(3)	1,000.	0.			DUCK DERBY CONTRIBUTION
YOUTH EMERGENCY SERVICES AND SHELTER - 918 SE 11TH STREET - DES MOINES, IA 50309	23-7442304	501(C)(3)	1,000.	0.			GRANT

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
YOUTH EMERGENCY SERVICES AND SHELTER - 918 SE 11TH STREET - DES MOINES, IA 50309	23-7442304	501(C)(3)	3,000.	0.			GRANT
YOUTH EMERGENCY SERVICES AND SHELTER - 918 SE 11TH STREET - DES MOINES, IA 50309	23-7442304	501(C)(3)	25,000.	0.			GRANT
YOUTH EMERGENCY SERVICES AND SHELTER - 918 SE 11TH STREET - DES MOINES, IA 50309	23-7442304	501(C)(3)	25,000.	0.			GRANT
YOUTH HOMES OF MID-AMERICA PO BOX 39 JOHNSTON, IA 50131	42-0680439	501(C)(3)	100.	0.			HARRISON KRUSE 2012 COAT DRIVE
YOUTH HOMES OF MID-AMERICA PO BOX 39 JOHNSTON, IA 50131	42-0680439	501(C)(3)	500.	0.			ANNUAL CONTRIBUTION
YOUTH HOMES OF MID-AMERICA PO BOX 39 JOHNSTON, IA 50131	42-0680439	501(C)(3)	500.	0.			GOLF CLASSIC SPONSORSHIP
YOUTH HOMES OF MID-AMERICA PO BOX 39 JOHNSTON, IA 50131	42-0680439	501(C)(3)	1,000.	0.			ANNUAL FUND
YOUTH HOMES OF MID-AMERICA PO BOX 39 JOHNSTON, IA 50131	42-0680439	501(C)(3)	1,000.	0.			KELLY HOUSBY SOLICITATION
YOUTH HOMES OF MID-AMERICA PO BOX 39 JOHNSTON, IA 50131	42-0680439	501(C)(3)	1,125.	0.			GRANT

Schedule I (Form 990)



COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
YOUTH HOMES OF MID-AMERICA PO BOX 39 JOHNSTON, IA 50131	42-0680439	501(C)(3)	2,000.	0.			CAPACITY BUILDING GRANT FOR CARF ACCREDITATION
YOUTH HOMES OF MID-AMERICA PO BOX 39 JOHNSTON, IA 50131	42-0680439	501(C)(3)	5,000.	0.			CAPITAL FUND
YOUTH HOMES OF MID-AMERICA PO BOX 39 JOHNSTON, IA 50131	42-0680439	501(C)(3)	5,000.	0.			GRANT
YOUTH HOMES OF MID-AMERICA PO BOX 39 JOHNSTON, IA 50131	42-0680439	501(C)(3)	28,389.	0.			ANNUAL DISTRIBUTION
JUNIOR ACHIEVEMENT OF CENTRAL IOWA, INC. - 6100 GRAND AVENUE - DES MOINES, IA 50312	42-0759070	501(C)(3)	20,000.	0.			DONATION
JOHNSTON COMMUNITY SCHOOL DISTRICT 5608 MERLE HAY ROAD JOHNSTON, IA 50131	42-6002176	501(C)(3)	500.	0.			DONATION
DMACC FOUNDATION 2006 S. ANKENY BLVD. ANKENY, IA 50023	23-7229486	501(C)(3)	5,000.	0.			PARKING PARKING
SIMPSON COLLEGE 701 NORTH C STREET INDIANOLA, IA 50125	42-0680389	501(C)(3)	2,500.	0.			DONATION
MERCY FOUNDATION 411 LAUREL STREET, SUITE 2250 DES MOINES, IA 50314	23-7358794	501(C)(3)	50,000.	0.			DONATION

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
BLANK CHILDREN'S HOSPITAL 1200 PLEASANT STREET DES MOINES, IA 50309	42-1467682	501(C)(3)	100,000.	0.			CHILDRENS CHARITY GRANT
UNITED WAY OF CENTRAL IOWA 1111 9TH STREET, STE 100 DES MOINES, IA 50314	42-0680425	501(C)(3)	100,000.	0.			CHILDRENS CHARITY GRANT
VARIETY - THE CHILDREN'S CHARITY 505 FIFTH AVE, SUITE 310 DES MOINES, IA 50309	42-6077108	501(C)(3)	100,000.	0.			CHILDRENS CHARITY GRANT
BLANK CHILDREN'S HOSPITAL 1200 PLEASANT STREET DES MOINES, IA 50309	42-1467682	501(C)(3)	6,378.	0.			GRANT
UNITED WAY OF CENTRAL IOWA 1111 9TH STREET, STE 100 DES MOINES, IA 50314	42-0680425	501(C)(3)	733.	0.			GRANT
VARIETY - THE CHILDREN'S CHARITY 505 FIFTH AVE, SUITE 310 DES MOINES, IA 50309	42-6077108	501(C)(3)	4,737.	0.			GRANT
ANAWIM HOUSING 2024 FOREST AVENUE DES MOINES, IA 50311	42-1310967	501(C)(3)	65,220.	0.			GRANT
SALISBURY HOUSE FOUNDATION 4025 TONAWANDA DRIVE DES MOINES, IA 50312-2909	42-1415581	501(C)(3)	35,202.	0.			GRANT
MID-IOWA COUNCIL, BOY SCOUTS OF AMERICA - PO BOX 3009 - DES MOINES, IA 50316	42-0981715	501(C)(3)	28,311.	0.			GRANT

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
LUTHERAN SERVICES IN IOWA 3116 UNIVERSITY AVENUE DES MOINES, IA 50311-3845	42-0698267	501(C)(3)	18,468.	0.			GRANT
DES MOINES COMMUNITY PLAYHOUSE 831 42ND STREET DES MOINES, IA 50312-2613	42-0710259	501(C)(3)	13,127.	0.			GRANT
IOWA YOUTH CHORUS 6301 UNIVERSITY AVENUE, SUITE 208 WINDSOR HEIGHTS, IA 50324	42-1166088	501(C)(3)	7,789.	0.			GRANT
CHILDREN & FAMILIES OF IOWA 1111 UNIVERSITY AVENUE DES MOINES, IA 50314	42-0680416	501(C)(3)	5,359.	0.			GRANT
ADDAM C. MEDINA FOUNDATION PO BOX 37298 DES MOINES, IA 50315	83-0493688	501(C)(3)	5,246.	0.			GRANT
VISITING NURSE SERVICES 1111 9TH STREET, SUITE 320 DES MOINES, IA 50314	42-0680446	501(C)(3)	4,612.	0.			GRANT
BOYS & GIRLS CLUBS OF CENTRAL-SOUTHWEST IOWA - PO BOX 225 - ADAIR, IA 50002	42-1506920	501(C)(3)	158.	0.			GRANT
PRIMARY HEALTH CARE, INC. 9943 HICKMAN ROAD, SUITE 105 URBANDALE, IA 80322	42-1350092	501(C)(3)	4,258.	0.			GRANT
CHILDSERVE PO BOX 707 JOHNSTON, IA 50131	42-1157665	501(C)(3)	119.	0.			GRANT

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
I HAVE A DREAM FOUNDATION DRAKE UNIVERSITY DES MOINES, IA 50311	42-0680460	501(C)(3)	3,405.	0.			GRANT
DOWLING CATHOLIC HIGH SCHOOL 1400 BUFFALO ROAD WEST DES MOINES, IA 50265	42-6284173	501(C)(3)	3,126.	0.			GRANT
EASTER SEALS SOCIETY OF IOWA PO BOX 5168 DES MOINES, IA 50305-5168	42-0707100	501(C)(3)	111.	0.			GRANT
RAISING READERS IN STORY COUNTY PO BOX 2374 AMES, IA 50010-2374	20-1672684	501(C)(3)	2,785.	0.			GRANT
FORT DES MOINES MEMORIAL & EDUCATION CENTER - 75 E ARMY POST ROAD - DES MOINES, IA 50315-0304	42-1468327	501(C)(3)	2,770.	0.			GRANT
CHARACTER COUNTS IN IOWA 1213 25TH STREET DES MOINES, IA 50311	39-1896160	501(C)(3)	90.	0.			GRANT
MUSIC UNDER THE STARS 5817 WALNUT HILL AVENUE DES MOINES, IA 50312	42-1545502	501(C)(3)	90.	0.			GRANT
CAMP FIRE USA 5615 HICKMAN ROAD DES MOINES, IA 50310	42-0680459	501(C)(3)	79.	0.			GRANT
BLANK PARK ZOO FOUNDATION 7401 SW 9TH STREET DES MOINES, IA 50315-6667	42-1171821	501(C)(3)	2,280.	0.			GRANT

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
BIG BROTHERS/BIG SISTERS OF CENTRAL IOWA - 9051 SWANSON BOULEVARD - CLIVE, IA 50325	42-1184999	501(C)(3)	1,531.	0.			GRANT
DES MOINES SOCIAL CLUB PO BOX 93301 DES MOINES, IA 50393	32-0225243	501(C)(3)	79.	0.			GRANT
HOYT SHERMAN PLACE 1501 WOODLAND AVENUE DES MOINES, IA 50309	42-1433940	501(C)(3)	79.	0.			GRANT
JUNIOR ACHIEVEMENT OF CENTRAL IOWA, INC. - 6100 GRAND AVENUE - DES MOINES, IA 50312	42-0759070	501(C)(3)	79.	0.			GRANT
CIVIC MUSIC ASSOCIATION 1620 PLEASANT STREET, SUITE 244 DES MOINES, IA 50314-1676	23-7334841	501(C)(3)	55.	0.			GRANT
AMERICAN CANCER SOCIETY MIDWEST DIVISION - 8364 HICKMAN ROAD, SUITE D - CLIVE, IA 50325	41-0724036	501(C)(3)	50.	0.			GRANT
DES MOINES AREA RELIGIOUS COUNCIL 3816 36TH STREET, SUITE 202 DES MOINES, IA 50310	42-0788211	501(C)(3)	1,001.	0.			GRANT
THE HOMESTEAD 1625 ADVENTURELAND DRIVE, SUITE B ALTOONA, IA 50009	42-1417295	501(C)(3)	40.	0.			GRANT
WILDWOOD HILLS RANCH 2552 UNION LANE ST. CHARLES, IA 50240	42-1517411	501(C)(3)	40.	0.			GRANT

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
SALVATION ARMY PO BOX 933 DES MOINES, IA 50304	13-2923701	501(C)(3)	32.	0.			GRANT
YOUNG WOMEN'S RESOURCE CENTER 818 5TH AVENUE DES MOINES, IA 50309	51-0186073	501(C)(3)	32.	0.			GRANT
CATHOLIC CHARITIES 601 GRAND AVENUE DES MOINES, IA 50309	42-0680464	501(C)(3)	24.	0.			GRANT
EVERYBODY WINS! IOWA PO BOX 691 DES MOINES, IA 50303	81-0618641	501(C)(3)	24.	0.			GRANT
SCIENCE CENTER OF IOWA 401 W MARTIN LUTHER KING, JR. PARKW DES MOINES, IA 50309	42-6097912	501(C)(3)	24.	0.			GRANT
MERCY FOUNDATION 411 LAUREL STREET, SUITE 2250 DES MOINES, IA 50314	23-7358794	501(C)(3)	491.	0.			GRANT
IOWA LEGAL AID 1111 9TH STREET, SUITE 230 DES MOINES, IA 50314	42-1079227	501(C)(3)	395.	0.			GRANT
DES MOINES SYMPHONY ASSOCIATION 1011 LOCUST STREET, SUITE 200 DES MOINES, IA 50309	42-6058830	501(C)(3)	16.	0.			GRANT
GREATER DES MOINES HABITAT FOR HUMANITY - 2200 E EUCLID AVENUE - DES MOINES, IA 50317	42-1275330	501(C)(3)	373.	0.			GRANT

Schedule I (Form 990)

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

Schedule I (Form 990)

42-6139033

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
WORLD OF DIFFERENCE 11822 NW BROOKVIEW LANE GRIMES, IA 50111	56-2524321	501(C)(3)	14,748.	0.			GRANT
CHILDSERVE 5406 MERLE HAY ROAD JOHNSTON, IA 50131	42-1157665	501(C)(3)	40,890.	0.			BIKE/CHAIR DONATION

PUBLIC DISCLOSURE COPY

COMMUNITY FDN OF GREATER DES MOINES  
 F/K/A GREATER DES MOINES COMMUNITY FDN

**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to 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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
EDUCATION STUDENT SCHOLARSHIP/EDUCATION LOAN REPAYMENT	28	169,278.	0.		

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE I, PART I, LINE 2: GRANTMAKING PROCEDURES:

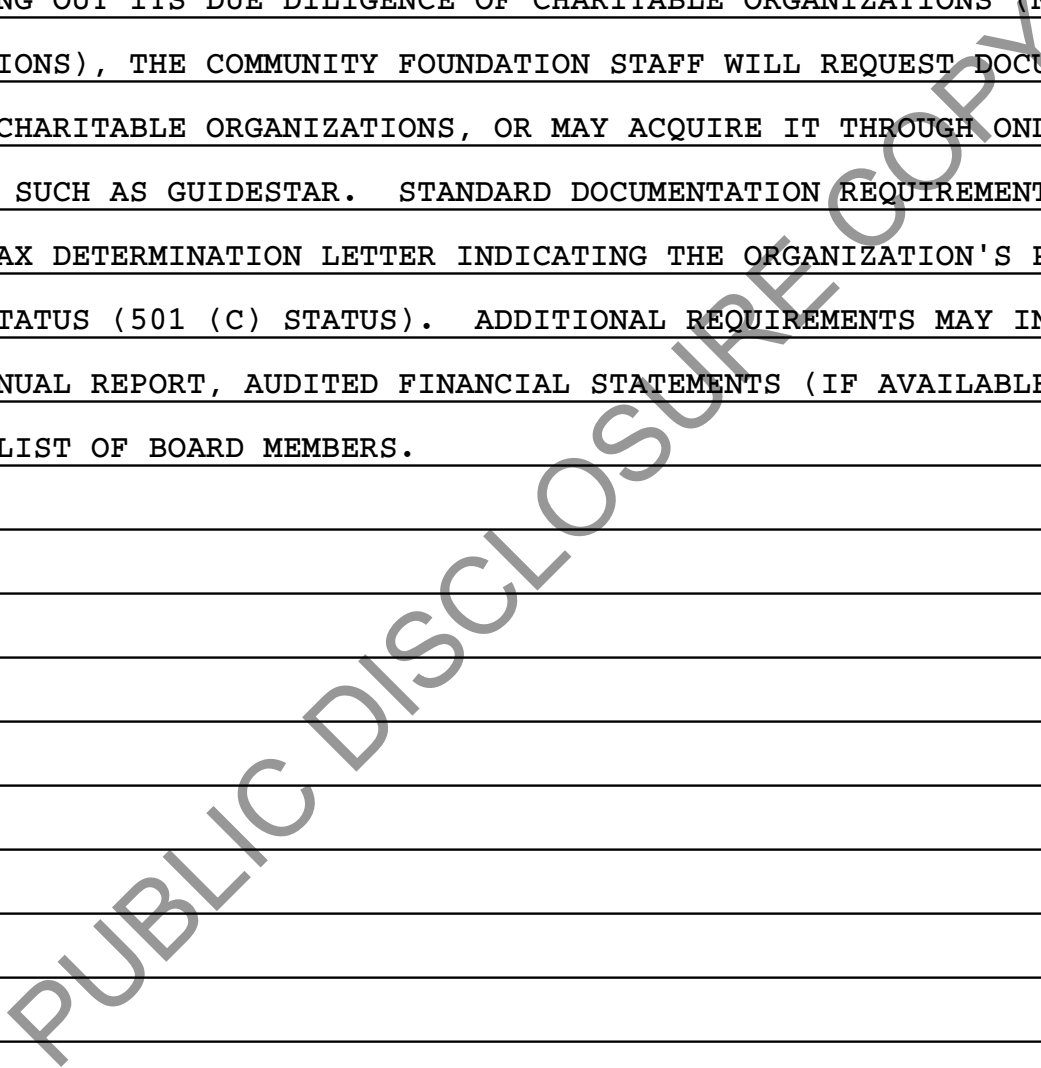
THE COMMUNITY FOUNDATION OF GREATER DES MOINES IS COMMITTED TO ENSURING THAT ITS DONORS' INTENTIONS ARE HONORED AT ALL TIMES AND THAT THE USE OF GRANT DOLLARS FROM THE FOUNDATION BY NONPROFIT ORGANIZATIONS IS APPROPRIATE. AS A COMMUNITY FOUNDATION, THE COMMUNITY FOUNDATION OF GREATER DES MOINES IS ABLE TO MAKE GRANTS FROM FUNDS IT ADMINISTERS TO ANY CHARITABLE, EDUCATIONAL, RELIGIOUS, OR PUBLIC ENTITIES TO ADDRESS THE COMMUNITY FOUNDATION'S PHILANTHROPIC OBJECTIVES.



**Part IV** Supplemental Information

FOUNDATION STAFF WILL EVALUATE EACH GRANT RECOMMENDATION, WHETHER ADVISED BY A DONOR ADVISOR OR A COMMITTEE OF THE FOUNDATION, AS TO WHETHER THE RECOMMENDATION IS CONSISTENT WITH THE CHARITABLE PURPOSE OF THE FUND AND THE SPECIFIC CHARITABLE NEEDS DETERMINED BY THE BOARD OF DIRECTORS.

IN CARRYING OUT ITS DUE DILIGENCE OF CHARITABLE ORGANIZATIONS (NONPROFIT ORGANIZATIONS), THE COMMUNITY FOUNDATION STAFF WILL REQUEST DOCUMENTATION FROM THE CHARITABLE ORGANIZATIONS, OR MAY ACQUIRE IT THROUGH ONLINE RESOURCES SUCH AS GUIDESTAR. STANDARD DOCUMENTATION REQUIREMENTS INCLUDE THE IRS TAX DETERMINATION LETTER INDICATING THE ORGANIZATION'S PUBLIC CHARITY STATUS (501 (C) STATUS). ADDITIONAL REQUIREMENTS MAY INCLUDE MOST RECENT ANNUAL REPORT, AUDITED FINANCIAL STATEMENTS (IF AVAILABLE), IRS FORM 990, AND LIST OF BOARD MEMBERS.



**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

**2012**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization  
**COMMUNITY FDN OF GREATER DES MOINES  
F/K/A GREATER DES MOINES COMMUNITY FDN**

Employer identification number  
**42-6139033**

**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<b>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>									
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	<b>2</b>									
<p><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.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee									
<b>4</b> During the year, did any person listed in 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>	X								
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<b>4b</b>	X								
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?	<b>4c</b>	X								
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.										
<b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b>										
<b>5</b> For persons listed in 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>	X								
<b>b</b> Any related organization?	<b>5b</b>	X								
If "Yes" to line 5a or 5b, describe in Part III.										
<b>6</b> For persons listed in 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>	X								
<b>b</b> Any related organization?	<b>6b</b>	X								
If "Yes" to line 6a or 6b, describe in Part III.										
<b>7</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	<b>7</b>	X								
<b>8</b> Were any amounts reported in 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>	X								
<b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>									

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

Schedule J (Form 990) 2012

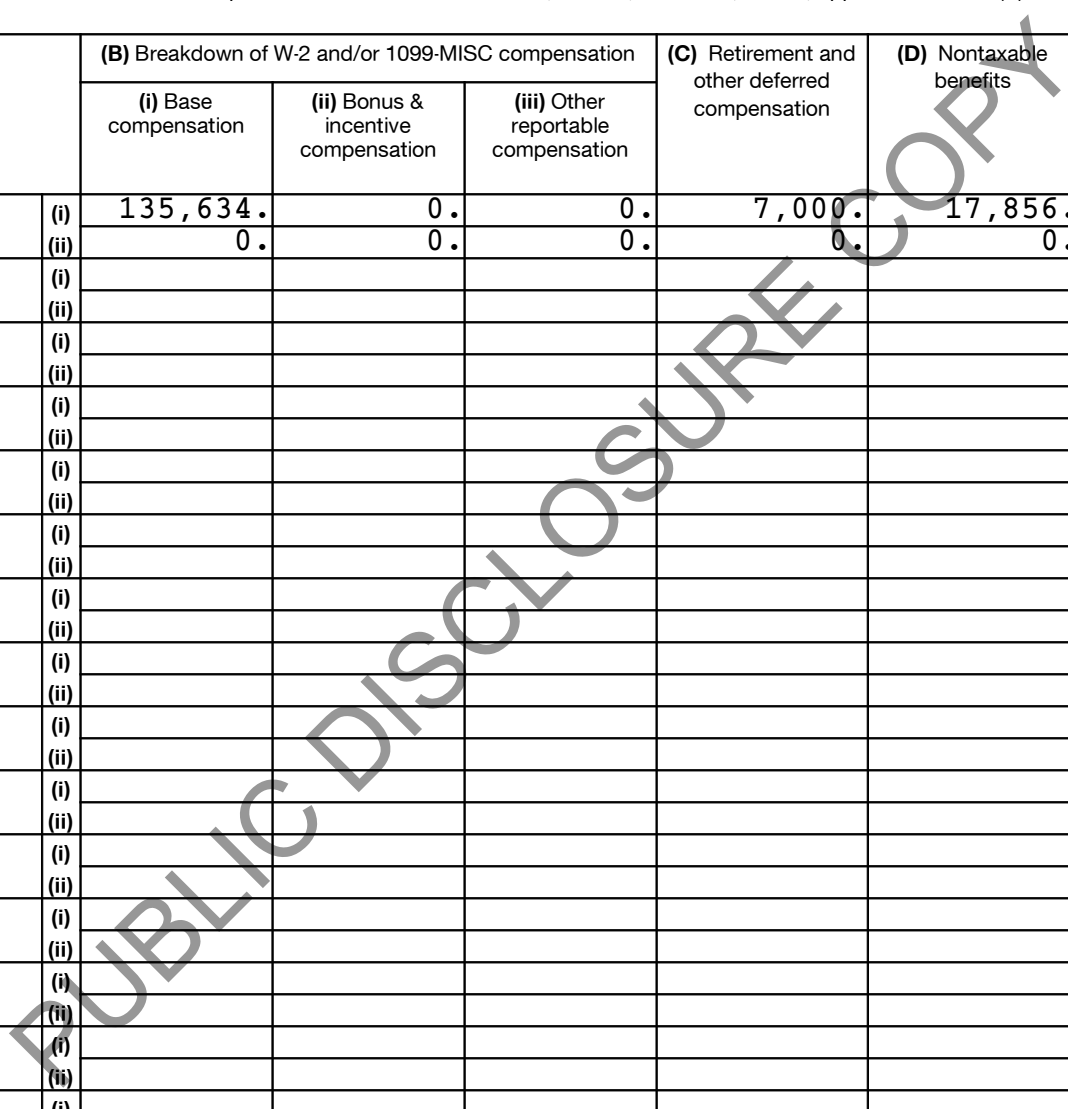
COMMUNITY FDN OF GREATER DES MOINES

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) KRISTINE KNOUS PRESIDENT & COO	(i)	135,634.	0.	0.	7,000.	17,856.	160,490.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2012**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
▶ **Attach to Form 990.**

Name of the organization **COMMUNITY FDN OF GREATER DES MOINES  
F/K/A GREATER DES MOINES COMMUNITY FDN** Employer identification number **42-6139033**

**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	114	11,546,456.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous	X	9	417,429.	FAIR MARKET VALUE
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential	X	1	1,600,000.	FAIR MARKET VALUE
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 ▶ ( 2500 BUSHELS )	X	1	18,400.	FAIR MARKET VALUE
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**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Department of the Treasury  
Internal Revenue Service

**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.

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization	COMMUNITY FDN OF GREATER DES MOINES F/K/A GREATER DES MOINES COMMUNITY FDN	Employer identification number 42-6139033
--------------------------	---	--

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CHARITABLE GIVING, CONNECTING DONORS WITH CAUSES THEY CARE ABOUT AND  
PROVIDING LEADERSHIP ON IMPORTANT COMMUNITY ISSUES . . . WE'RE SIMPLY  
BETTER TOGETHER.

FORM 990, PART I, LINE 6:

SERVICES PROVIDED BY VOLUNTEERS:

VOLUNTEERS ARE MADE UP OF THE BOARD OF DIRECTORS AND COMMITTEE MEMBERS  
WHO DONATE THEIR TIME TO ATTEND BOARD MEETINGS TO FURTHER THE EXEMPT  
PURPOSE OF THE ORGANIZATION.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

THE COMMUNITY FOUNDATION IS THE HOST CHARITY OF THE PRINCIPAL CHARITY  
CLASSIC, A CHAMPIONS TOUR GOLF TOURNAMENT WHICH RAISED A RECORD OF OVER  
\$900,000 FOR CHILDREN'S CHARITIES IN 2012, BRINGING THE SIX YEAR TOTAL  
TO NEARLY \$4 MILLION. THE COMMUNITY FOUNDATION USES FUNDS RECEIVED FROM  
THE PRINCIPAL CHARITY CLASSIC TO SUPPORT CONNECTING KIDS AND CULTURE.  
DURING THE 2011-2012 SCHOOL YEAR MORE THAN 46,000 STUDENTS HAD AN  
OPPORTUNITY TO ENJOY A COMMUNITY-BASED OR IN-CLASS ARTS AND CULTURAL  
EXPERIENCE THROUGH THIS PROGRAM.

EXPENSES \$ 4,777,333. INCL GRANTS OF \$ 682,952. REVENUE \$ 4,861,405.

FORM 990, PART VI, SECTION A, LINE 2: DURING 2012, DIRECTOR MARY O'KEEFE  
AND DIRECTOR NORA EVERETT HAD A BUSINESS RELATIONSHIP.

Name of the organization	COMMUNITY FDN OF GREATER DES MOINES F/K/A GREATER DES MOINES COMMUNITY FDN	Employer identification number	42-6139033
--------------------------	---	--------------------------------	------------

FORM 990, PART VI, SECTION B, LINE 11: THE CFO REVIEWS THE FORM 990 WITH THE EXTERNAL ACCOUNTANTS. THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS THE FORM 990 PRIOR TO FILING. A COPY OF THE FINAL FORM 990 IS MADE AVAILABLE TO THE FULL BOARD OF DIRECTORS PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: 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. IF A CONFLICT EXISTS, THE DIRECTOR ABSTAINS FROM VOTING, WHICH IS DOCUMENTED IN THE MINUTES.

FORM 990, PART VI, SECTION B, LINE 15: THE BOARD AND THE PRESIDENT USE THE COUNCIL OF FOUNDATION'S ANNUAL SALARY SURVEY AND LOCAL SALARY INFORMATION TO GAUGE APPROPRIATE SALARIES. THE INDEPENDENT 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.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION PROVIDES SOME GOVERNING DOCUMENTS ONLINE. THE CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC ON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHARITABLE TRUST BOOK LOSS REPORTED ON SEPARATE 990 127,294.

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization **COMMUNITY FDN OF GREATER DES MOINES**  
**F/K/A GREATER DES MOINES COMMUNITY FDN** Employer identification number **42-6139033**

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
GDMCF PROPERTIES, LLC - 42-6139033 1915 GRAND AVE DES MOINES, IA 50309	REAL ESTATE	IOWA	0.	284,846.	COMMUNITY FOUNDATION OF GREATER DES MOINES
GDMCF CHARITY GOLF CLASSIC - 42-6139033 2771 104TH STREET, SUITE 1 URBANDALE, IA 50322	CHARITABLE GOLF EVENT	IOWA	5,321,316.	755,455.	COMMUNITY FOUNDATION OF GREATER DES MOINES

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
GDMCF CHARITABLE TRUST - 39-6787864 1915 GRAND AVENUE DES MOINES, IA 50309	STOCK GIFTS	IOWA	501(C)(3)	LINE 11A, I	COMMUNITY FOUNDATION OF GREATER DES	X	

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

Schedule R (Form 990) 2012

SEE PART VII FOR CONTINUATIONS

**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No



**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of <b>(i)</b> interest <b>(ii)</b> annuities <b>(iii)</b> royalties or <b>(iv)</b> rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

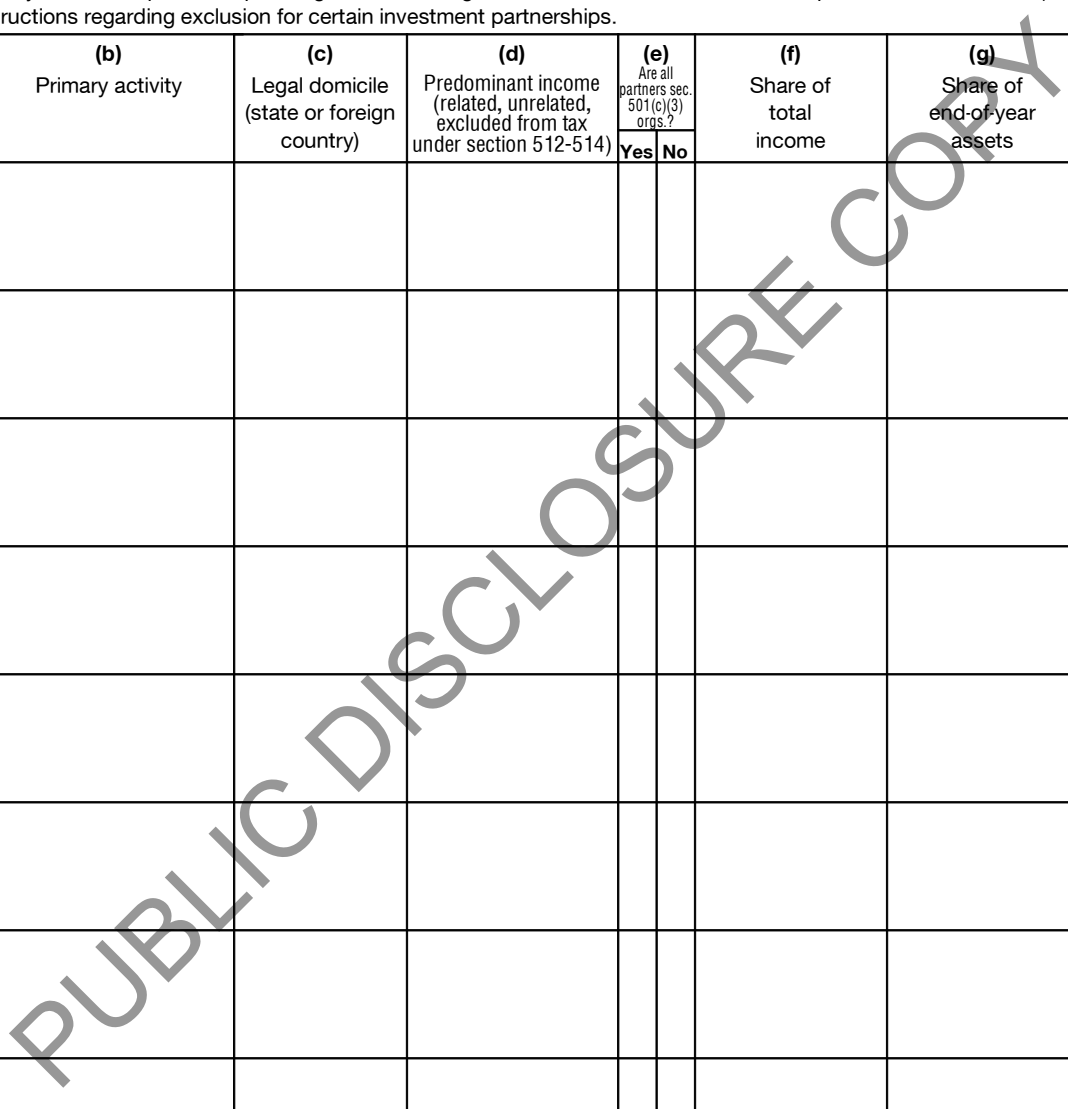
**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) GDMCF CHARITABLE TRUST	C	110,460	GAAP
(2)			
(3)			
(4)			
(5)			
(6)			

**Part VI** Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	



**Part VII Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

**PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:**

**NAME OF RELATED ORGANIZATION:**

GDMCF CHARITABLE TRUST

**DIRECT CONTROLLING ENTITY: COMMUNITY FOUNDATION OF GREATER DES MOINES**

PUBLIC DISCLOSURE COPY

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2012

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service

For calendar year 2012 or other tax year beginning , and ending

Header section containing organization name (COMMUNITY FDN OF GREATER DES MOINES), address (1915 GRAND AVENUE, DES MOINES, IA 50309-7271), and other identifying information.

H Describe the organization's primary unrelated business activity. INVESTMENT IN PARTNERSHIPS

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No

J The books are in care of KARLA JONES-WEBER Telephone number 515-883-2701

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts, Cost of goods sold, and Total income of 498,321.

Part II Deductions Not Taken Elsewhere (see instructions for limitations on deductions) (except for contributions, deductions must be directly connected with the unrelated business income)

Table with 4 columns: Line number, Description, Sub-column, Total. Rows include Compensation of officers, Salaries and wages, and Total deductions of 0.

<b>Part III Tax Computation</b>	
<b>35 Organizations taxable as corporations</b> (see instructions for tax computation). Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and: <b>a</b> Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____ <b>b</b> Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____ <b>c</b> Income tax on the amount on line 34	<b>35c</b> 26,876.
<b>36 Trusts taxable at trust rates</b> (see instructions for tax computation). Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	<b>36</b>
<b>37 Proxy tax</b> (see instructions)	<b>37</b>
<b>38 Alternative minimum tax</b>	<b>38</b>
<b>39 Total.</b> Add lines 37 and 38 to line 35c or 36, whichever applies	<b>39</b> 26,876.

<b>Part IV Tax and Payments</b>	
<b>40a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<b>40a</b>
<b>b</b> Other credits (see instructions)	<b>40b</b>
<b>c</b> General business credit. Attach Form 3800	<b>40c</b>
<b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827)	<b>40d</b>
<b>e Total credits.</b> Add lines 40a through 40d	<b>40e</b>
<b>41</b> Subtract line 40e from line 39	<b>41</b> 26,876.
<b>42</b> Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	<b>42</b>
<b>43 Total tax.</b> Add lines 41 and 42	<b>43</b> 26,876.
<b>44a</b> Payments: A 2011 overpayment credited to 2012	<b>44a</b>
<b>b</b> 2012 estimated tax payments	<b>44b</b>
<b>c</b> Tax deposited with Form 8868	<b>44c</b>
<b>d</b> Foreign organizations: Tax paid or withheld at source (see instructions)	<b>44d</b>
<b>e</b> Backup withholding (see instructions)	<b>44e</b>
<b>f</b> Credit for small employer health insurance premiums (Attach Form 8941)	<b>44f</b>
<b>g</b> Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	<b>44g</b>
<b>45 Total payments.</b> Add lines 44a through 44g	<b>45</b>
<b>46</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	<b>46</b> 618.
<b>47 Tax due.</b> If line 45 is less than the total of lines 43 and 46, enter amount owed	<b>47</b> 27,494.
<b>48 Overpayment.</b> If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	<b>48</b>
<b>49</b> Enter the amount of line 48 you want: <b>Credited to 2013 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>	<b>49</b>

<b>Part V Statements Regarding Certain Activities and Other Information</b> (see instructions)	
<b>1</b> At any time during the 2012 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes No <input type="checkbox"/> <input type="checkbox"/>
<b>2</b> During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.	Yes No <input type="checkbox"/> <input checked="" type="checkbox"/>
<b>3</b> Enter the amount of tax-exempt interest received or accrued during the tax year \$	Yes No <input type="checkbox"/> <input type="checkbox"/>

<b>Schedule A - Cost of Goods Sold.</b> Enter method of inventory valuation <input type="checkbox"/> N/A	
<b>1</b> Inventory at beginning of year	<b>1</b>
<b>2</b> Purchases	<b>2</b>
<b>3</b> Cost of labor	<b>3</b>
<b>4a</b> Additional section 263A costs (att. statement)	<b>4a</b>
<b>b</b> Other costs (attach statement)	<b>4b</b>
<b>5 Total.</b> Add lines 1 through 4b	<b>5</b>
<b>6</b> Inventory at end of year	<b>6</b>
<b>7 Cost of goods sold.</b> Subtract line 6 from line 5. Enter here and in Part I, line 2	<b>7</b>
<b>8</b> Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes No <input type="checkbox"/> <input type="checkbox"/>

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 taxpayer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer _____ Date _____	<b>PRESIDENT</b> Title _____	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>KAY HEGARTY</b>	Preparer's signature _____ Date _____	Check <input type="checkbox"/> if self-employed PTIN <b>P00091057</b>
	Firm's name <b>MCGLADREY LLP</b> 400 LOCUST ST, STE 640 Firm's address <b>DES MOINES, IA 50309-2354</b>	Firm's EIN <b>42-0714325</b>	Phone no. <b>515-558-6600</b>

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)** (see instructions)

1. Description of property		
(1)		
(2)		
(3)		
(4)		
2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach statement)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total	0.	Total
		0.
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) .....		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) .....
		0.

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach statement)	(b) Other deductions (attach statement)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach statement)	5. Average adjusted basis of or allocable to debt-financed property (attach statement)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals .....			0.	0.
Total dividends-received deductions included in column 8 .....			0.	0.

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations			6. Deductions directly connected with income in column 5
			3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations						
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income		11. Deductions directly connected with income in column 10	
(1)						
(2)						
(3)						
(4)						
Totals .....			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).		Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).	
			0.		0.	

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization**  
(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b>	0.			0.

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income**  
(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b>	0.	0.				0.

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals (carry to Part II, line (5))</b>	0.	0.				0.

**Part II Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b>	0.	0.				0.
<b>Totals, Part II (lines 1-5)</b>	0.	0.				0.

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total. Enter here and on page 1, Part II, line 14</b>			0.

**Alternative Minimum Tax - Corporations**

▶ Attach to the corporation's tax return.

▶ Information about Form 4626 and its separate instructions is at [www.irs.gov/form4626](http://www.irs.gov/form4626).

**2012**

Name <b>COMMUNITY FDN OF GREATER DES MOINES F/K/A GREATER DES MOINES COMMUNITY FDN</b>		Employer identification number <b>42-6139033</b>
<b>Note:</b> See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e).		
1	Taxable income or (loss) before net operating loss deduction .....	<b>497,321.</b>
2	<b>Adjustments and preferences:</b>	
a	Depreciation of post-1986 property .....	<b>2,147.</b>
b	Amortization of certified pollution control facilities .....	
c	Amortization of mining exploration and development costs .....	
d	Amortization of circulation expenditures (personal holding companies only) .....	
e	Adjusted gain or loss .....	<b>-11,893.</b>
f	Long-term contracts .....	
g	Merchant marine capital construction funds .....	
h	Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only) .....	
i	Tax shelter farm activities (personal service corporations only) .....	
j	Passive activities (closely held corporations and personal service corporations only) .....	
k	Loss limitations .....	
l	Depletion .....	
m	Tax-exempt interest income from specified private activity bonds .....	
n	Intangible drilling costs .....	
o	Other adjustments and preferences .....	
3	Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 2o .....	<b>487,575.</b>
4	<b>Adjusted current earnings (ACE) adjustment:</b>	
a	ACE from line 10 of the ACE worksheet in the instructions .....	<b>487,575.</b>
b	Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount (see instructions) .....	<b>0.</b>
c	Multiply line 4b by 75% (.75). Enter the result as a positive amount .....	
d	Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments (see instructions). <b>Note:</b> You <b>must</b> enter an amount on line 4d (even if line 4b is positive) .....	
e	ACE adjustment. <ul style="list-style-type: none"> <li>• If line 4b is zero or more, enter the amount from line 4c</li> <li>• If line 4b is less than zero, enter the <b>smaller</b> of line 4c or line 4d as a negative amount</li> </ul>	<b>0.</b>
5	Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT .....	<b>487,575.</b>
6	Alternative tax net operating loss deduction (see instructions) .....	<b>348,102.</b>
7	<b>Alternative minimum taxable income.</b> Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions .....	<b>139,473.</b>
8	<b>Exemption phase-out</b> (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c):	
a	Subtract \$150,000 from line 7 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0- .....	<b>0.</b>
b	Multiply line 8a by 25% (.25) .....	<b>0.</b>
c	Exemption. Subtract line 8b from \$40,000 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0- .....	<b>40,000.</b>
9	Subtract line 8c from line 7. If zero or less, enter -0- .....	<b>99,473.</b>
10	Multiply line 9 by 20% (.20) .....	<b>19,895.</b>
11	Alternative minimum tax foreign tax credit (AMTFTC) (see instructions) .....	
12	Tentative minimum tax. Subtract line 11 from line 10 .....	<b>19,895.</b>
13	Regular tax liability before applying all credits except the foreign tax credit .....	<b>26,876.</b>
14	<b>Alternative minimum tax.</b> Subtract line 13 from line 12. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return .....	<b>0.</b>

JWA For Paperwork Reduction Act Notice, see separate instructions.

Form 4626 (2012)



**Adjusted Current Earnings (ACE) Worksheet**

▶ See ACE Worksheet Instructions.

1 Pre-adjustment AMTI. Enter the amount from line 3 of Form 4626		1	487,575.
2 ACE depreciation adjustment:			
a AMT depreciation	2a		
b ACE depreciation:			
(1) Post-1993 property	2b(1)		
(2) Post-1989, pre-1994 property	2b(2)		
(3) Pre-1990 MACRS property	2b(3)		
(4) Pre-1990 original ACRS property	2b(4)		
(5) Property described in sections 168(f)(1) through (4)	2b(5)		
(6) Other property	2b(6)		
(7) Total ACE depreciation. Add lines 2b(1) through 2b(6)	2b(7)		
c ACE depreciation adjustment. Subtract line 2b(7) from line 2a		2c	
3 Inclusion in ACE of items included in earnings and profits (E&P):			
a Tax-exempt interest income	3a		
b Death benefits from life insurance contracts	3b		
c All other distributions from life insurance contracts (including surrenders)	3c		
d Inside buildup of undistributed income in life insurance contracts	3d		
e Other items (see Regulations sections 1.56(g)-1(c)(6)(iii) through (ix) for a partial list)	3e		
f Total increase to ACE from inclusion in ACE of items included in E&P. Add lines 3a through 3e		3f	
4 Disallowance of items not deductible from E&P:			
a Certain dividends received	4a		
b Dividends paid on certain preferred stock of public utilities that are deductible under section 247	4b		
c Dividends paid to an ESOP that are deductible under section 404(k)	4c		
d Nonpatronage dividends that are paid and deductible under section 1382(c)	4d		
e Other items (see Regulations sections 1.56(g)-1(d)(3)(i) and (ii) for a partial list)	4e		
f Total increase to ACE because of disallowance of items not deductible from E&P. Add lines 4a through 4e		4f	
5 Other adjustments based on rules for figuring E&P:			
a Intangible drilling costs	5a		
b Circulation expenditures	5b		
c Organizational expenditures	5c		
d LIFO inventory adjustments	5d		
e Installment sales	5e		
f Total other E&P adjustments. Combine lines 5a through 5e		5f	
6 Disallowance of loss on exchange of debt pools		6	
7 Acquisition expenses of life insurance companies for qualified foreign contracts		7	
8 Depletion		8	
9 Basis adjustments in determining gain or loss from sale or exchange of pre-1994 property		9	
10 <b>Adjusted current earnings.</b> Combine lines 1, 2c, 3f, 4f, and 5f through 9. Enter the result here and on line 4a of Form 4626		10	487,575.

---

---

FORM 990-T	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT	1
------------	---------------------------------	-----------	---

---

DESCRIPTION	AMOUNT
UBS REAL ESTATE OPPORTUNITY FUND LLC	325,632.
UBS REAL ESTATE OPPORTUNITY FUND II LLC	16,693.
UBS PRIVATE EQUITY FUND VII LLC	-56,307.
NEWBURY EQUITY PARTNERS LP	380.
NORTHGATE IV LP	39,929.
DES MOINES TECHNOLOGY BUSINESS	-5,648.
MIDWEST RENEWABLE LLC	178,395.
MONTAUK TRIGUARD FUND V, LP	-753.
TOTAL TO FORM 990-T, PAGE 1, LINE 5	498,321.

---

---

PUBLIC DISCLOSURE COPY

# Underpayment of Estimated Tax by Corporations

Department of the Treasury  
Internal Revenue Service

▶ Attach to the corporation's tax return. **FORM 990-T**

**2012**

▶ Information about Form 2220 and its separate instructions is at [www.irs.gov/form2220](http://www.irs.gov/form2220).

Name <b>COMMUNITY FDN OF GREATER DES MOINES</b> <b>F/K/A GREATER DES MOINES COMMUNITY FDN</b>	Employer identification number <b>42-6139033</b>
--	---

**Note:** Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38 on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

<b>Part I Required Annual Payment</b>			
1 Total tax (see instructions) .....		1	26,876.
2 a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1 .....	2a		
b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method .....	2b		
c Credit for federal tax paid on fuels (see instructions) .....	2c		
d Total. Add lines 2a through 2c .....	2d		
3 Subtract line 2d from line 1. If the result is less than \$500, <b>do not</b> complete or file this form. The corporation does not owe the penalty .....		3	26,876.
4 Enter the tax shown on the corporation's 2011 income tax return (see instructions). <b>Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5</b> .....		4	
5 <b>Required annual payment.</b> Enter the <b>smaller</b> of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3 .....		5	26,876.

**Part II Reasons for Filing** - Check the boxes below that apply. If any boxes are checked, the Corporation **must** file Form 2220 even if it does not owe a penalty (see instructions).

6  The corporation is using the adjusted seasonal installment method.

7  The corporation is using the annualized income installment method.

8  The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

<b>Part III Figuring the Underpayment</b>					
		(a)	(b)	(c)	(d)
9 <b>Installment due dates.</b> Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year .....	9	04/15/12	06/15/12	09/15/12	12/15/12
10 <b>Required installments.</b> If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% of line 5 above in each column. ....	10	6,719.	6,719.	6,719.	6,719.
11 Estimated tax paid or credited for each period (see instructions). For column (a) only, enter the amount from line 11 on line 15 .....	11				
<b>Complete lines 12 through 18 of one column before going to the next column.</b>					
12 Enter amount, if any, from line 18 of the preceding column .....	12				
13 Add lines 11 and 12 .....	13				
14 Add amounts on lines 16 and 17 of the preceding column .....	14		6,719.	13,438.	20,157.
15 Subtract line 14 from line 13. If zero or less, enter -0- .....	15	0.	0.	0.	0.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- .....	16		6,719.	13,438.	
17 <b>Underpayment.</b> If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18 .....	17	6,719.	6,719.	6,719.	6,719.
18 <b>Overpayment.</b> If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column .....	18				

**Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.**

**Part IV Figuring the Penalty**

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 3rd month after the close of the tax year, whichever is earlier (see instructions). (Form 990-PF and Form 990-T filers: Use 5th month instead of 3rd month.)	19			
20 Number of days from due date of installment on line 9 to the date shown on line 19	20			
21 Number of days on line 20 after 4/15/2012 and before 7/1/2012	21			
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 3\%}{366}$	22	\$	\$	\$
23 Number of days on line 20 after 06/30/2012 and before 10/1/2012	23			
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 3\%}{366}$	24	\$	\$	\$
25 Number of days on line 20 after 9/30/2012 and before 1/1/2013	25			
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 3\%}{366}$	26	\$	\$	\$
27 Number of days on line 20 after 12/31/2012 and before 4/1/2013	27	SEE ATTACHED WORKSHEET		
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 3\%}{365}$	28	\$	\$	\$
29 Number of days on line 20 after 3/31/2013 and before 7/1/2013	29			
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times 3\%}{365}$	30	\$	\$	\$
31 Number of days on line 20 after 6/30/2013 and before 10/01/2013	31			
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times 3\%}{365}$	32	\$	\$	\$
33 Number of days on line 20 after 9/30/2013 and before 1/1/2014	33			
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times 3\%}{365}$	34	\$	\$	\$
35 Number of days on line 20 after 12/31/2013 and before 2/16/2014	35			
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times 3\%}{365}$	36	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$
38 <b>Penalty.</b> Add columns (a) through (d) of line 37. Enter the total here and on Form 1120; line 33; or the comparable line for other income tax returns	38	\$		618.

\* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at [www.irs.gov](http://www.irs.gov). You can also call 1-800-829-4933 to get interest rate information.

FORM 990-T  
UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

Name(s) COMMUNITY FDN OF GREATER DES MOINES F/K/A GREATER DES MOINES COMMUNITY FDN					Identifying Number 42-6139033
(A) *Date	(B) Amount	(C) Adjusted Balance Due	(D) Number Days Balance Due	(E) Daily Penalty Rate	(F) Penalty
		-0-			
04/15/12	6,719.	6,719.	61	.000081967	34.
06/15/12	6,719.	13,438.	92	.000081967	101.
09/15/12	6,719.	20,157.	91	.000081967	150.
12/15/12	6,719.	26,876.	16	.000081967	35.
12/31/12	0.	26,876.	135	.000082192	298.
Penalty Due (Sum of Column F).					618.

\* Date of estimated tax payment, withholding credit date or installment due date.

• 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.** Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions <b>COMMUNITY FDN OF GREATER DES MOINES F/K/A GREATER DES MOINES COMMUNITY FDN</b>	Employer identification number (EIN) or  <b>42-6139033</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1915 GRAND AVENUE</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>DES MOINES, IA 50309-7271</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

**KARLA JONES-WEBER**

• The books are in the care of  **1915 GRAND AVENUE - DES MOINES, IA 50309-7271**  
Telephone No.  **515-883-2701** 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 **NOVEMBER 15, 2013**.

5 For calendar year **2012**, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

6 If the tax year entered in line 5 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  
**THE TAXPAYER REQUESTS ADDITIONAL TIME TO GATHER THE INFORMATION NECESSARY TO PREPARE AND FILE A COMPLETE AND ACCURATE RETURN.**

<b>8a</b> 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.	<b>8a</b>	\$	<b>0.</b>
<b>b</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.	<b>8b</b>	\$	<b>0.</b>
<b>c Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$	<b>0.</b>

**Signature and Verification must be completed for Part II only.**

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  Title  Date

**Reportable Transaction Disclosure Statement**

▶ **Attach to your tax return.**  
 ▶ **See separate instructions.**

Name(s) shown on return (individuals enter last name, first name, middle initial)  
**COMMUNITY FDN OF GREATER DES MOINES**  
**F/K/A GREATER DES MOINES COMMUNITY FDN**

Identifying number  
**42-6139033**

Number, street, and room or suite no. **1915 GRAND AVENUE**

City or town, state, and ZIP code **DES MOINES, IA 50309-7271**

**A** If you are filing more than one Form 8886 with your tax return, sequentially number each Form 8886 and enter the statement number for this Form 8886 ..... ▶ Statement number 1 of 2

**B** Enter the form number of the tax return to which this form is attached or related ..... ▶ **990-T**  
 Enter the year of the tax return identified above ..... ▶ **2012**  
 Is this Form 8886 being filed with an amended tax return? ..... ▶  Yes  No

**C** Check the box(es) that apply (see instructions).  Initial year filer  Protective disclosure

**1a** Name of reportable transaction  
**LOSSES FROM TRADING ACTIVITIES**

**1b** Initial year participated in transaction

**1c** Reportable transaction or tax shelter registration number

**2** Identify the type of reportable transaction. Check all boxes that apply (see instructions).  
**a**  Listed **c**  Contractual protection **e**  Transaction of interest  
**b**  Confidential **d**  Loss

**3** If you checked box 2a or 2e, enter the published guidance number for the listed transaction or transaction of interest .....

**4** Enter the number of "same as or substantially similar" transactions reported on this form ..... ▶ **7**

**5** If you participated in this reportable transaction through a partnership, S corporation, trust, and foreign entity, check the applicable boxes and provide the information below for the entity(s) (see instructions). (Attach additional sheets, if necessary.)

**a** Type of entity ..... ▶  Partnership  Trust  Partnership  Trust  
 S corporation  Foreign  S corporation  Foreign

**b** Name  
 ▶ **SEE STATEMENT 2**

**c** Employer identification number (EIN), if known ▶

**d** Date Schedule K-1 received from entity (enter "none" if Schedule K-1 not received) .....

**6** Enter below the name and address of each individual or entity to whom you paid a fee with regard to the transaction if that individual or entity promoted, solicited, or recommended your participation in the transaction, or provided tax advice related to the transaction. (Attach additional sheets, if necessary.)

a Name	Identifying number (if known)	Fees paid \$
Number, street, and room or suite no.		
City or town, State, and ZIP code		

b Name	Identifying number (if known)	Fees paid \$
Number, street, and room or suite no.		
City or town, State, and ZIP code		

7 Facts

a Identify the type of tax benefit generated by the transaction. Check all the boxes that apply (see instructions).

- Deductions       Exclusions from gross income       Absence of adjustments to basis       Tax Credits
- Capital loss       Nonrecognition of gain       Deferral
- Ordinary loss       Adjustments to basis       Other \_\_\_\_\_

b Further describe the amount and nature of the expected tax treatment and expected tax benefits generated by the transaction for all affected years. Include facts of each step of the transaction that relate to the expected tax benefits including the amount and nature of your investment. Include in your description your participation in the transaction and all related transactions regardless of the year in which they were entered into. Also, include a description of any tax result protection with respect to the transaction.

SEE STATEMENT 3

8 Identify all individuals and entities involved in the transaction that are tax-exempt, foreign, or related. Check the appropriate box(es) (see instructions). Include their name(s), identifying number(s), address(es), and a brief description of their involvement. For each foreign entity, identify its country of incorporation or existence. For each individual or related entity, explain how the individual or entity is related. Attach additional sheets, if necessary.

a Type of individual or entity:  Tax-exempt       Foreign       Related

Name	Identifying number
------	--------------------

Address

Description

---

---

---

---

---

---

---

---

---

---

b Type of individual or entity:  Tax-exempt       Foreign       Related

Name	Identifying number
------	--------------------

Address

Description

---

---

---

---

---

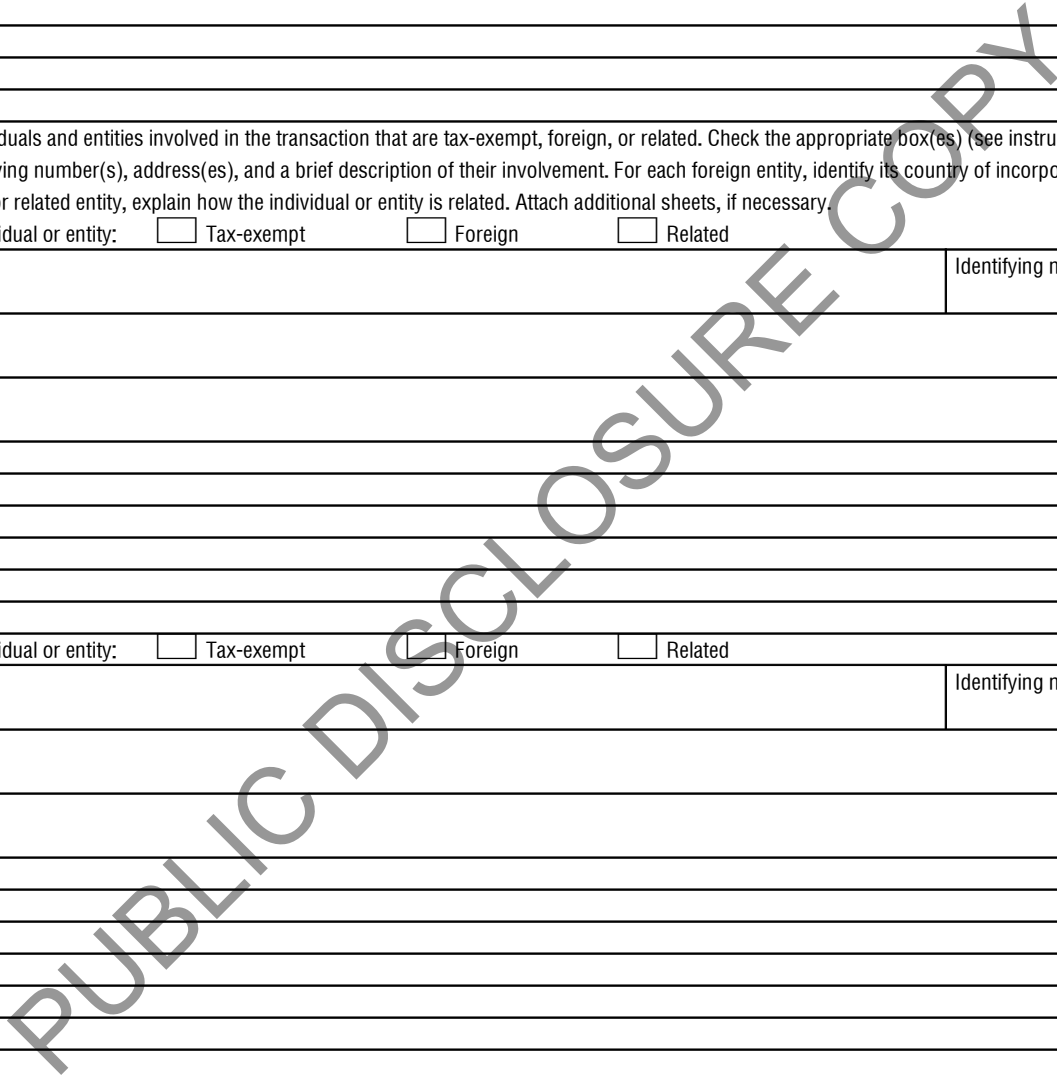
---

---

---

---

---





**Reportable Transaction Disclosure Statement**

▶ **Attach to your tax return.**  
 ▶ **See separate instructions.**

Name(s) shown on return (individuals enter last name, first name, middle initial)  
**COMMUNITY FDN OF GREATER DES MOINES**  
**F/K/A GREATER DES MOINES COMMUNITY FDN**

Identifying number  
**42-6139033**

Number, street, and room or suite no. **1915 GRAND AVENUE**

City or town, state, and ZIP code **DES MOINES, IA 50309-7271**

**A** If you are filing more than one Form 8886 with your tax return, sequentially number each Form 8886 and enter the statement number for this Form 8886 ..... ▶ Statement number 2 of 2

**B** Enter the form number of the tax return to which this form is attached or related ..... ▶ **990-T**  
 Enter the year of the tax return identified above ..... ▶ **2012**  
 Is this Form 8886 being filed with an amended tax return? ..... ▶  Yes  No

**C** Check the box(es) that apply (see instructions).  Initial year filer  Protective disclosure

**1a** Name of reportable transaction  
**LOSSES FROM TRADING ACTIVITIES**

**1b** Initial year participated in transaction

**1c** Reportable transaction or tax shelter registration number

**2** Identify the type of reportable transaction. Check all boxes that apply (see instructions).  
**a**  Listed **c**  Contractual protection **e**  Transaction of interest  
**b**  Confidential **d**  Loss

**3** If you checked box 2a or 2e, enter the published guidance number for the listed transaction or transaction of interest .....

**4** Enter the number of "same as or substantially similar" transactions reported on this form .....

**5** If you participated in this reportable transaction through a partnership, S corporation, trust, and foreign entity, check the applicable boxes and provide the information below for the entity(s) (see instructions). (Attach additional sheets, if necessary.)

**a** Type of entity ..... ▶  Partnership  Trust  Partnership  Trust  
 S corporation  Foreign  S corporation  Foreign

**b** Name  
 ▶ **UBS REAL ESTATE OPPORTUNITY FUND LLC**

**c** Employer identification number (EIN), if known ..... ▶ **65-1191570**

**d** Date Schedule K-1 received from entity (enter "none" if Schedule K-1 not received) ..... ▶ **08/24/2013**

**6** Enter below the name and address of each individual or entity to whom you paid a fee with regard to the transaction if that individual or entity promoted, solicited, or recommended your participation in the transaction, or provided tax advice related to the transaction. (Attach additional sheets, if necessary.)

a Name	Identifying number (if known)	Fees paid
		\$

Number, street, and room or suite no.

City or town, State, and ZIP code

b Name	Identifying number (if known)	Fees paid
		\$

Number, street, and room or suite no.

City or town, State, and ZIP code

Number, street, and room or suite no.

City or town, State, and ZIP code

7 Facts

a Identify the type of tax benefit generated by the transaction. Check all the boxes that apply (see instructions).

- Deductions       Exclusions from gross income       Absence of adjustments to basis       Tax Credits
- Capital loss       Nonrecognition of gain       Deferral
- Ordinary loss       Adjustments to basis       Other \_\_\_\_\_

b Further describe the amount and nature of the expected tax treatment and expected tax benefits generated by the transaction for all affected years. Include facts of each step of the transaction that relate to the expected tax benefits including the amount and nature of your investment. Include in your description your participation in the transaction and all related transactions regardless of the year in which they were entered into. Also, include a description of any tax result protection with respect to the transaction.

SEE STATEMENT 4

8 Identify all individuals and entities involved in the transaction that are tax-exempt, foreign, or related. Check the appropriate box(es) (see instructions). Include their name(s), identifying number(s), address(es), and a brief description of their involvement. For each foreign entity, identify its country of incorporation or existence. For each individual or related entity, explain how the individual or entity is related. Attach additional sheets, if necessary.

a Type of individual or entity:  Tax-exempt       Foreign       Related

Name	Identifying number
------	--------------------

Address

Description

---

---

---

---

---

---

---

---

---

---

b Type of individual or entity:  Tax-exempt       Foreign       Related

Name	Identifying number
------	--------------------

Address

Description

---

---

---

---

---

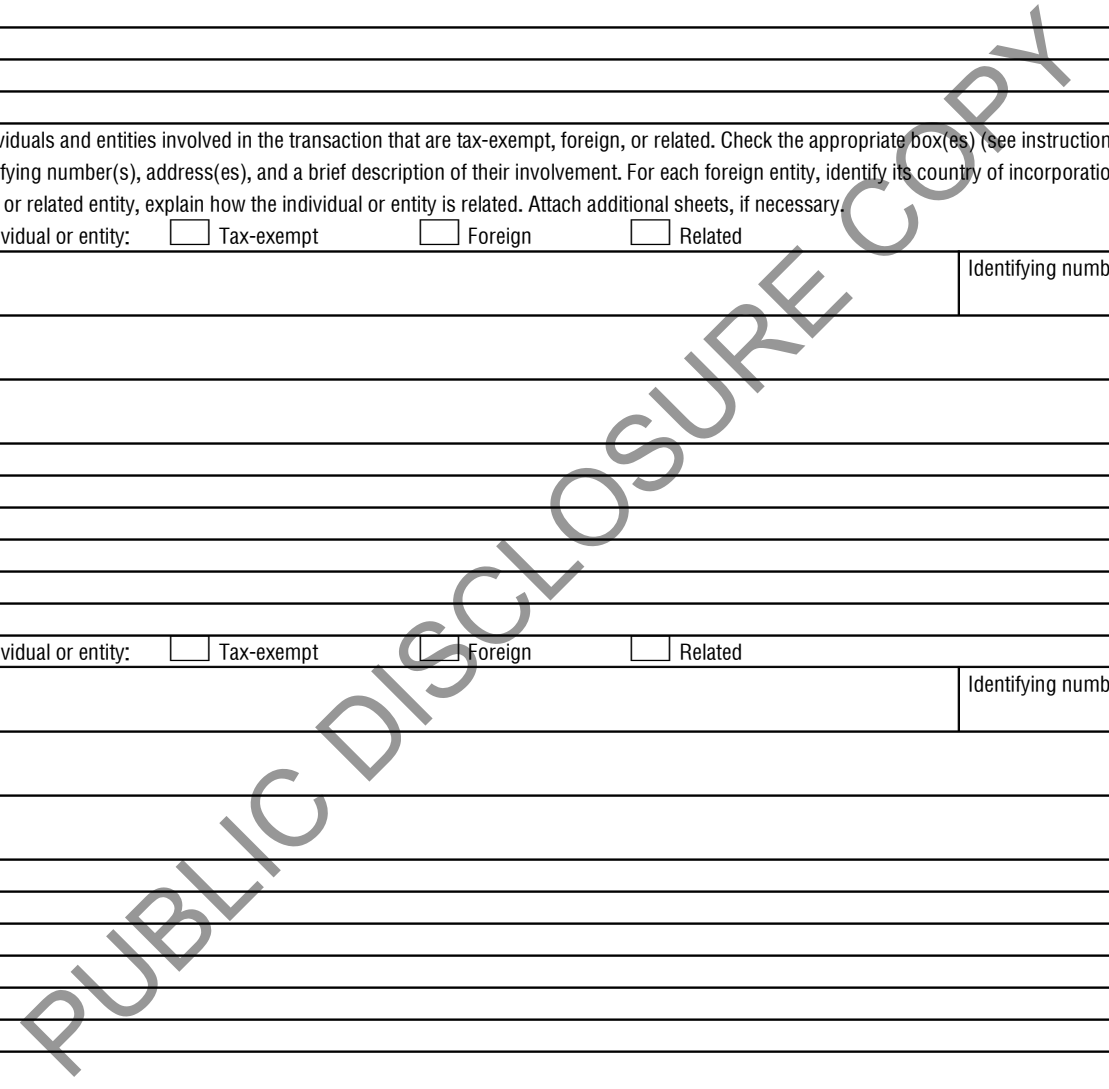
---

---

---

---

---



FORM 8886

PARTICIPATED IN TRANSACTION THROUGH  
ANOTHER ENTITY

STATEMENT 2

TRANSACTION NAME: LOSSES FROM TRADING ACTIVITIES

NAME AND EIN OF OTHER ENTITY	TYPE OF ENTITY				DATE K-1 RECEIVED
	PARTNER	S	CORP	TRUST FOREIGN	
NEWBURY EQUITY PARTNERS LP 71-1012623	X				08/07/2013
UBS REAL ESTATE FUND II LLC 20-4079577	X				08/25/2013
UBS PRIVATE EQUITY FUND VII LLC 20-3397400	X				08/06/2013
GLOBAL FIXED INCOME INVESTMENT GRADE BRANDYWINE INVESTMENT TRUST 76-0822143	X				04/03/2013

PUBLIC DISCLOSURE COPY

FORM 8886

STATEMENT 3

THE TAXPAYER RECEIVED SCHEDULE K-1S FROM THE ABOVE ENTITIES REPORTING SECTION 988 LOSSES IN THE AMOUNT OF:

NEWBURY EQUITY PARTNERS LP	(170)
UBS PRIVATE EQUITY FUND VII LLC	(9,537)
UBS REAL ESTATE OPPORTUNITY FUND II LLC	(402)
GLOBAL FIXED INCOME INVESTMENT GRADE	(43,824)
GLOBAL FIXED INCOME INVESTMENT GRADE	(13,320)
GLOBAL FIXED INCOME INVESTMENT GRADE	(13,065)
GLOBAL FIXED INCOME INVESTMENT GRADE	(15,116)
SUM OF REPORTABLE LOSSES	(95,344)

THE TAXPAYER HAS REPORTED THE UBI PORTION OF THE AMOUNT ON LINE 5 ON FORM 990-T. THE TAXPAYER IS FILING FORM 8886 AS A PROTECTIVE MEASURE.

PUBLIC DISCLOSURE COPY

FORM 8886

STATEMENT 4

## SECTION 165 REPORTABLE LOSS TRANSACTION

THE TAXPAYER RECEIVED A SCHEDULE K-1 FROM THE AFOREMENTIONED ENTITY REPORTING SECTION 165 LOSSES IN THE AMOUNT OF:

BRE/BERKLEY 1 SARL	EIN: 98-0449387	(447)
BREA/WIND HOLDCO I LLC	EIN: 20-3256931	(3,219)
SUM OF REPORTABLE LOSSES		(3,665)

THE TAXPAYER HAS REPORTED THE UBI PORTION OF THE AMOUNT ON LINE 5 OF FORM 990-T. THE TAXPAYER IS FILING FORM 8886 AS A PROTECTIVE MEASURE.

PUBLIC DISCLOSURE COPY

**Return by a U.S. Transferor of Property  
 to a Foreign Corporation**

OMB No. 1545-0026

Attachment  
 Sequence No. **128**

▶ **Attach to your income tax return for the year of the transfer or distribution.**

**Part I U.S. Transferor Information** (see instructions)

Name of transferor <b>COMMUNITY FDN OF GREATER DES MOINES F/K/A GREATER DES MOINES COMMUNITY FDN</b>	Identifying number (see instructions) <b>42-6139033</b>
---	--

- 1** If the transferor was a corporation, complete questions 1a through 1d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations?  Yes  No
- b** Did the transferor remain in existence after the transfer?  Yes  No
- If not, list the controlling shareholder(s) and their identifying number(s):

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation?  Yes  No
- If not, list the name and employer identification number (EIN) of the parent corporation:

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(5) been made?  Yes  No

- 2** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d.
- a** List the name and EIN of the transferor's partnership:

Name of partnership	EIN of partnership
<b>BC EUROPEAN CAPITAL VIII-9 LP</b>	<b>98-0493991</b>

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets?  Yes  No
- c** Is the partner disposing of its **entire** interest in the partnership?  Yes  No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market?  Yes  No

**Part II Transferee Foreign Corporation Information** (see instructions)

<b>3</b> Name of transferee (foreign corporation) <b>SERAFINA SA</b>	<b>4</b> Identifying number, if any
---	-------------------------------------

**5** Address (including country)  
**29 AVENUE DE LA PORTE NEUVE  
 LUXEMBURG CITY, LUXEMBOURG L-2227 LUXEMBOURG**

**6** Country code of country of incorporation or organization  
**LU**

**7** Foreign law characterization (see instructions)  
**CORPORATION**

- 8** Is the transferee foreign corporation a controlled foreign corporation?  Yes  No

**Part III Information Regarding Transfer of Property** (see instructions)

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash					
	03/27/2012	STOCK & CPECS	11,527.	6,080.	
Stock and securities					
Installment obligations, account receivables or similar property					
Foreign currency or other property denominated in foreign currency					
Inventory					
Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b))					
Tangible property used in trade or business not listed under another category					
Intangible property					
Property to be leased (as described in final and temp. Regs. sec. 1.367(a)-4(c))					
Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d))					
Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e))					
Other property					

**Supplemental Information Required To Be Reported** (see instructions):

---



---



---



---

Part IV Additional Information Regarding Transfer of Property (see instructions)

9 Enter the transferor's interest in the foreign transferee corporation before and after the transfer:

(a) Before .2600 % (b) After .1800 %

10 Type of nonrecognition transaction (see instructions) SECTION 351

11 Indicate whether any transfer reported in Part III is subject to any of the following:

- a Gain recognition under section 904(f)(3)
b Gain recognition under section 904(f)(5)(F)
c Recapture under section 1503(d)
d Exchange gain under section 987

12 Did this transfer result from a change in the classification of the transferee to that of a foreign corporation?

13 Indicate whether the transferor was required to recognize income under final and temporary Regulations sections 1.367(a)-4 through 1.367(a)-6 for any of the following:

- a Tainted property
b Depreciation recapture
c Branch loss recapture
d Any other income recognition provision contained in the above-referenced regulations

14 Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)?

15 a Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)?

b If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred \$

16 Was cash the only property transferred?

17 a Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction?

b If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

Horizontal lines for describing intangible property transfer.



**Return by a U.S. Transferor of Property  
 to a Foreign Corporation**

OMB No. 1545-0026

Attachment  
 Sequence No. **128**

▶ **Attach to your income tax return for the year of the transfer or distribution.**

**Part I U.S. Transferor Information** (see instructions)

Name of transferor <b>COMMUNITY FDN OF GREATER DES MOINES F/K/A GREATER DES MOINES COMMUNITY FDN</b>	Identifying number (see instructions) <b>42-6139033</b>
---	--

- 1** If the transferor was a corporation, complete questions 1a through 1d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations?  Yes  No
- b** Did the transferor remain in existence after the transfer?  Yes  No
- If not, list the controlling shareholder(s) and their identifying number(s):

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation?  Yes  No
- If not, list the name and employer identification number (EIN) of the parent corporation:

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(5) been made?  Yes  No

- 2** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d.

- a** List the name and EIN of the transferor's partnership:

Name of partnership	EIN of partnership
<b>APAX EUROPE VII - B, LP</b>	<b>98-0525726</b>

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets?  Yes  No
- c** Is the partner disposing of its **entire** interest in the partnership?  Yes  No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market?  Yes  No

**Part II Transferee Foreign Corporation Information** (see instructions)

Name of transferee (foreign corporation) <b>IRIDIUM SCOTLAND LP</b>	Identifying number, if any <b>98-0649468</b>
--	---

**5** Address (including country)  
**50 LOTHAN ROAD, FESTIVAL SQUARE  
 EDINBURGH, SCOTLAND EH3 9WJ UNITED KINGDOM**

**6** Country code of country of incorporation or organization  
**UK**

**7** Foreign law characterization (see instructions)  
**CORPORATION**

- 8** Is the transferee foreign corporation a controlled foreign corporation?  Yes  No

**Part III** Information Regarding Transfer of Property (see instructions)

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash					
	03/18/2012	STOCK	982.	982.	
Stock and securities					
Installment obligations, account receivables or similar property					
Foreign currency or other property denominated in foreign currency					
Inventory					
Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b))					
Tangible property used in trade or business not listed under another category					
Intangible property					
Property to be leased (as described in final and temp. Regs. sec. 1.367(a)-4(c))					
Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d))					
Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e))					
Other property					

**Supplemental Information Required To Be Reported** (see instructions):

---



---



---



---

Part IV Additional Information Regarding Transfer of Property (see instructions)

9 Enter the transferor's interest in the foreign transferee corporation before and after the transfer:

(a) Before .0000 % (b) After .0300 %

10 Type of nonrecognition transaction (see instructions) SECTION 351

11 Indicate whether any transfer reported in Part III is subject to any of the following:

- a Gain recognition under section 904(f)(3)
b Gain recognition under section 904(f)(5)(F)
c Recapture under section 1503(d)
d Exchange gain under section 987

12 Did this transfer result from a change in the classification of the transferee to that of a foreign corporation?

13 Indicate whether the transferor was required to recognize income under final and temporary Regulations sections 1.367(a)-4 through 1.367(a)-6 for any of the following:

- a Tainted property
b Depreciation recapture
c Branch loss recapture
d Any other income recognition provision contained in the above-referenced regulations

14 Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)?

15 a Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)?

b If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred \$

16 Was cash the only property transferred?

17 a Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction?

b If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

Horizontal lines for describing intangible property transfer.

**Return by a U.S. Transferor of Property  
 to a Foreign Corporation**

OMB No. 1545-0026

Attachment  
 Sequence No. **128**

▶ **Attach to your income tax return for the year of the transfer or distribution.**

**Part I U.S. Transferor Information** (see instructions)

Name of transferor <b>COMMUNITY FDN OF GREATER DES MOINES F/K/A GREATER DES MOINES COMMUNITY FDN</b>	Identifying number (see instructions) <b>42-6139033</b>
---	--

- 1** If the transferor was a corporation, complete questions 1a through 1d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations?  Yes  No
- b** Did the transferor remain in existence after the transfer?  Yes  No
- If not, list the controlling shareholder(s) and their identifying number(s):

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation?  Yes  No
- If not, list the name and employer identification number (EIN) of the parent corporation:

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(5) been made?  Yes  No

- 2** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d.
- a** List the name and EIN of the transferor's partnership:

Name of partnership	EIN of partnership
<b>APAX US VII, LP</b>	<b>98-0492222</b>

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets?  Yes  No
- c** Is the partner disposing of its **entire** interest in the partnership?  Yes  No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market?  Yes  No

**Part II Transferee Foreign Corporation Information** (see instructions)

<b>3</b> Name of transferee (foreign corporation) <b>IRIDIUM SCOTLAND LP</b>	<b>4</b> Identifying number, if any <b>98-0649468</b>
---	--

**5** Address (including country)  
**50 LOTHAN ROAD, FESTIVAL SQUARE  
 EDINBURGH, SCOTLAND EH3 9WJ UNITED KINGDOM**

**6** Country code of country of incorporation or organization  
**UK**

**7** Foreign law characterization (see instructions)  
**CORPORATION**

- 8** Is the transferee foreign corporation a controlled foreign corporation?  Yes  No

**Part III** Information Regarding Transfer of Property (see instructions)

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash					
	03/18/2012	STOCK	1,740.	1,740.	
Stock and securities					
Installment obligations, account receivables or similar property					
Foreign currency or other property denominated in foreign currency					
Inventory					
Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b))					
Tangible property used in trade or business not listed under another category					
Intangible property					
Property to be leased (as described in final and temp. Regs. sec. 1.367(a)-4(c))					
Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d))					
Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e))					
Other property					

**Supplemental Information Required To Be Reported** (see instructions):

---



---



---



---

Part IV Additional Information Regarding Transfer of Property (see instructions)

9 Enter the transferor's interest in the foreign transferee corporation before and after the transfer:

(a) Before .0000 % (b) After .0500 %

10 Type of nonrecognition transaction (see instructions) SECTION 351

11 Indicate whether any transfer reported in Part III is subject to any of the following:

- a Gain recognition under section 904(f)(3)
b Gain recognition under section 904(f)(5)(F)
c Recapture under section 1503(d)
d Exchange gain under section 987

12 Did this transfer result from a change in the classification of the transferee to that of a foreign corporation? X Yes No

13 Indicate whether the transferor was required to recognize income under final and temporary Regulations sections 1.367(a)-4 through 1.367(a)-6 for any of the following:

- a Tainted property
b Depreciation recapture
c Branch loss recapture
d Any other income recognition provision contained in the above-referenced regulations

14 Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)? Yes No

15 a Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)? Yes No

b If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred \$

16 Was cash the only property transferred? Yes No

17 a Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction? Yes No

b If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

Horizontal lines for describing intangible property transfer.