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Form **990-PF**

Department of the Treasury Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

2008

For	caler	dar year 2008, or tax year beginning JUL	1, 2008	, and er	nding	<u>JUN 30, 2009</u>	<u> </u>
G (Check	all that apply: Initial return	Final return	Amended retu	rn X	Address change	Name change
Usi	the	Name of foundation				A Employer identification	n number
	abel	THE MCINTYRE FOUNDATI	ON				
Otl	erwi					<u> 39-1876841</u>	<u>. </u>
	print				Room/suite	B Telephone number	
	r type Spe	SEA ZIO CAMDIBOTICA DILIVI	NE			319-399-57	700
	ructio	ons City or town, state, and ZIP code				C if exemption application is p	
		MOUNT VERNON, IA 523		<u> </u>		D 1. Foreign organization	s, check here
<u>H_</u>	_	type of organization: X Section 501(c)(3) ex				Foreign organizations mi check here and attach or	omputation Districts,
_			Other taxable private found			E If private foundation sta	
		rket value of all assets at end of year J Account		Accri	uai	under section 507(b)(1)(A), check here
			ther (specify) mn (d) must be on cash	hone l		F If the foundation is in a	
_	-\$		1			under section 507(b)(1	
	art I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net inv		(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	243,993.			N/A	
	2	Check In the foundation is not required to attach Sch. B				. '	, , , , , , , , , , , , , , , , , , ,
	3	Interest on savings and temporary cash investments	2,603.		<u>2,603.</u>		STATEMENT 2
	4	Dividends and interest from securities	314,977.	31	<u>4,977.</u>		STATEMENT 3
	5a	Gross rents				,	
	b	Net rental income or (loss)					
<u>o</u>	6a	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all	<10,982.	<u>> </u>	-		STATEMENT 1
enc	b	Gross sales price for all assets on line 6a 62, 286.	, ,	· '.			
Revenue	7	Capital gain net income (from Part IV 109 2)			0.		
_	8	Netshort-term capital gain /		ļ	,		
	9	Income modifications (S)				 -	
	10a	Gross sales less returns and allowances Less Costlot goods-sold	<u> </u>				
		Less Cost of goods-stild		, 4			<u> </u>
	C		<u> </u>	· · ·			
	11	Other income GDEN, U	550,591.	31	7,580.		
—	12	Total Add limes 1 through 11 Compensation of officers, directors, trustees, etc	0.	<u> </u>	0.		0.
	13 14	Other employee salaries and wages	0.	<u> </u>	<u> </u>		
		Pension plans, employee benefits					
es	162	Legal fees STMT 4	750.	!	375.		375.
ens	l 'b	Accounting fees					
Expenses	ء ا	Other professional fees STMT 5	701.		701.		0.
ě	17	Interest					
rati	18	Taxes STMT 6	6,988.		101.		0.
ist	19	Depreciation and depletion					
Ë	20	Occupancy					
PΑ	21	Travel, conferences, and meetings					
and	22	Printing and publications	· · · ·				
g	23	Other expenses	<u>.</u>				
rati	24	Total operating and administrative				l	
Operating and Administrative		expenses. Add lines 13 through 23	8,439.		1,177.		375.
0	25	Contributions, gifts, grants paid	538,000.				538,000.
	26	Total expenses and disbursements.					F00 000
		Add lines 24 and 25	546,439.		1,177.		538,375.
	27	Subtract line 26 from line 12:					
	l	Excess of revenue over expenses and disbursements	4,152.		. 402	· · · · · · · · · · · · · · · · · · ·	
		Net investment income (if negative, enter -0-)	,	310	6,403.	NT / 7	
	C	Adjusted net income (if negative, enter -0-)	<u> </u>	l <u></u> .		N/A	

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

Form **990-PF** (2008)

5

39-1876841

Page 2

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only		Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of year					
<u>_</u>	art	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value				
	1	Cash - non-interest-bearing							
	2	Savings and temporary cash investments	212,308.	98,939.	98,939.				
	3	Accounts receivable							
		Less: allowance for doubtful accounts							
	4	Pledges receivable ►	,						
	1	Less: allowance for doubtful accounts ▶							
	5	Grants receivable							
	6	Receivables due from officers, directors, trustees, and other							
		disqualified persons							
	7	Other notes and loans receivable		1 1 2					
	1	Less: allowance for doubtful accounts							
ţ	8	Inventories for sale or use							
Assets	9	Prepaid expenses and deferred charges							
ä	10a	Investments - U.S. and state government obligations STMT 7	0.	14,944.					
	b	Investments - corporate stock STMT 8	12,560,827.	12,576,217.	8,928,549.				
	C	Investments - corporate bonds STMT 9	10,455.	100,936.	85,319.				
	11	threstments - land, buildings, and equipment basis	- , ,	-					
		Less accumulated depreciation							
	12	Investments - mortgage loans							
	1	Investments - other							
		Land, buildings, and equipment; basis ▶		;	,				
	' '	Less accumulated depreciation			·				
	15	Other assets (describe ▶							
	"								
	16	Total assets (to be completed by all filers)	12.783.590.	12,791,036.	9,127,780.				
		Accounts payable and accrued expenses			^ '				
	18	Grants payable							
S	19	Deferred revenue							
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons							
abil	21	Mortgages and other notes payable							
Ξ	I	Other liabilities (describe >							
	23	Total liabilities (add lines 17 through 22)	0.	0.					
		Foundations that follow SFAS 117, check here							
		and complete lines 24 through 26 and lines 30 and 31.							
es	24	Unrestricted			-				
Net Assets or Fund Balance		Temporarily restricted		· ····	. ,				
Bal		Permanently restricted			- "				
둳	-	Foundations that do not follow SFAS 117, check here							
Ē		and complete lines 27 through 31.			_				
ō	27	Capital stock, trust principal, or current funds	0.	0.	,				
ets		Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.					
Ass	1	Retained earnings, accumulated income, endowment, or other funds	12,783,590.	12,791,036.	-				
e	l	Total net assets or fund balances	12,783,590.	12,791,036.					
Z	"	Total list assets of fund balances	12,703,3301	12,131,030.					
	31	Total liabilities and net assets/fund balances	12,783,590.	12,791,036.					
_									
P	<u>art</u>	Analysis of Changes in Net Assets or Fund B	alances						
-	Total	net assets or fund balances at beginning of year - Part II, column (a), line	30						
		t agree with end-of-year figure reported on prior year's return)	1	12,783,590.					
	•	amount from Part 1, line 27a	2	4,152.					
		increases not included in line 2 (itemize) ADJUST STOC	K TO COST BAST	 1	3,294.				
		ines 1, 2, and 3	IO CODI DADI	4	12,791,036.				
		eases not included in line 2 (itemize)		5	0.				
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	12,791,036.				
<u>-</u>			. V=H = ==		Form 990-PF (2008)				

Fo	irm 990-PF (2008) PO	BOX 2	232						39	9-187	6841	Page 3
F			sses for Tax on In	vestmen	t Income							
	(a) List and descr 2-story brick wa	ibe the ki rehouse;	nd(s) of property sold (e.g. or common stock, 200 shs	, real estate, . MLC Co.)		(b)	How acquire - Purchase - Donation	d	(c) Date a (mo., da			te sold lay, yr.)
 1a	1											
	SEE ATTACHED	STA	PEMENT		·	<u> </u>		_ _				
_(<u> </u>					<u> </u>						
_0	<u> </u>					_		-				
_6)					! _			41.0-			
_	(e) Gross sales price	(f) L	epreciation allowed (or allowable)		st or other basis expense of sale			_		in or (loss) (f) minus (
8		<u>_</u>										
				-				-				
0												
e	60 006				73,26	8.					<10	,982.
_	Complete only for assets showin	g gain in i	column (h) and owned by t	he foundation				(1)	Gains (Co	ol. (h) gain i		-
	(i) F.M.V. as of 12/31/69		i) Adjusted basis as of 12/31/69	(k) E×	cess of col. (i) col. (j), if any			còl.		ot less than from col. (f		
а									_			_
b)											
d	<u> </u>		<u> </u>						 			
е	<u> </u>					_					<10	<u>,982.</u>
2	Capital gain net income or (net ca	pıtal loss)	$ \begin{cases} \text{ If gain, also enter} \\ \text{ If (loss), enter -0-} \end{cases} $	ın Part I, line ın Part I, line	7 7	}	2				<10	,982.
3	Net short-term capital gain or (los If gain, also enter in Part I, line 8,			d (6):		}				37 / 3		
	If (loss), enter -0- in Part I, line 8 Part V Qualification U	nder S	ection 4940(e) for	Reduced	Tax on Net	Inv	3 estment	Inco	me	N/A		
_	or optional use by domestic private											
ורי	or optional use by domestic private	loullualic	ins subject to the section 4	340(a) lax on	net mvestment m	COINC	•1					
lf s	section 4940(d)(2) applies, leave th	ns part bla	nk.	,								
W:	as the foundation liable for the sect	inn 4942	ax on the distributable am	ount of any ve	ear in the base per	od?					Yes	X No
	Yes," the foundation does not quali											
"	Enter the appropriate amount in e					es.						
	(a)		(b)			(c)				Distribi	(d) ution ratio	-
	Base periód years Calendar year (or tax year beginnin	ng in)	Adjusted qualifying dist	ributions	Net value of no	nchar	ıtable-use as	sets	(0	col. (b) divi	ded by col.	(c))
	2007			8 <u>,743.</u>			<u>,011,0</u>					<u> 21682</u>
	2006			2,879.			,713,4					70791
	2005			9,557.			, 263, 8					<u>58529</u>
	2004			7,673.	-		<u>, 606 , 4</u>					40947
_	2003		13	1,140.	· · · · · · · · · · · · · · · · · · ·	<u> 2</u>	<u>, 284 , 8</u>	81	·		.0	<u>57395</u>
	Total of line 1, column (d)								2		2	49344
3	Average distribution ratio for the 5 the foundation has been in existen			n line 2 by 5,	or by the number	of ye	ars		3		.0	<u>49869</u>
4	Enter the net value of noncharitable	le-use ass	ets for 2008 from Part X, I	ne 5					4	12	2,100	,508.
5	Multiply line 4 by line 3								5		603	,440.
	Enter 1% of net investment incom	ne (1% of	Part I, line 27b)						6			,164.
	Add lines 5 and 6	•	•						7			,604.
		Dort VII	ine A						8			,375.
ō	Enter qualifying distributions from			1h ac-1 c	lata thet ===+ ··· ·	a c 4^	/ tou =====				220	, , , , , ,
	If line 8 is equal to or greater than See the Part VI instructions.	iine /, ch	eck the box in Part VI, line	ib, and comp	iete triat part usini	ya 19	o tax rate.					

THE MCINTYRE FOUNDATION

orm	n 990-PF (2008) PO BOX 232		10.101		18 <u>76</u> 1			Page 4
_	art VI Excise Tax Based on Investment Income (Section 494)			948 -	see ir	stru	uctio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here and er	nter "N/A" on line 1.)					
	Date of ruling letter: (attach copy of ruling letter if necessary-	see instructions)		-		-	- `	
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here		%	1			6,3	<u> 28.</u>
	of Part I, line 27b			-	,			
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%	of Part I, line 12, c	:ol. (b)	•	`		-	
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Ot	thers enter -0-)		2				0.
	Add lines 1 and 2			3			6,3	28.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. 0	thers enter -0-)		4				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			5			6,3	28.
6	Credits/Payments:							
a	2008 estimated tax payments and 2007 overpayment credited to 2008	6a	3,760.]].				
b	Exempt foreign organizations - tax withheld at source	6b						
	Tax paid with application for extension of time to file (Form 8868)	6c						
	Backup withholding erroneously withheld	6d						
	Total credits and payments. Add lines 6a through 6d			7			3,7	60.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attack.	ched		8				6
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		•	9			2,5	74.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			10				
	Enter the amount of line 10 to be: Credited to 2009 estimated tax		Refunded ▶	11				
	art VII-A Statements Regarding Activities				·			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legisl	lation or did it parti	cipate or intervene	ın			Yes	No
	any political campaign?					1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purpos	ses (see instruction	s for definition)?			1b		X
-	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and			d or				
	distributed by the foundation in connection with the activities.							
c	Did the foundation file Form 1120-POL for this year?				L	1c		X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the	year:						
_	(1) On the foundation. > \$ 0. (2) On foundation managers.		0.	_	l			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expendit	ture tax imposed or	n foundation					
	managers. ▶ \$ 0 .				Ì			
2	Has the foundation engaged in any activities that have not previously been reported to the IF	RS?				2		X
_	If "Yes," attach a detailed description of the activities.							
3	Has the foundation made any changes, not previously reported to the IRS, in its governing in	nstrument, articles	of incorporation, o	r	- 1			
_	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change				[3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year	_				4a		Χ
	If "Yes." has it filed a tax return on Form 990-T for this year?			N/	'A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	•				5		X
•	If "Yes," attach the statement required by General Instruction T.							
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied en	ther:			ļ			
-	By language in the governing instrument, or				-			
	By state legislation that effectively amends the governing instrument so that no mandatory	y directions that co	offict with the state	law	- 1			
	remain in the governing instrument?					6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year?				Γ	7	Х	
•	If "Yes," complete Part II, col. (c), and Part XV				Γ			
Яa	Enter the states to which the foundation reports or with which it is registered (see instruction	ns) ►						
va	IA	-, -		-				
h	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the At	ttorney General (or	designate)					
,	of each state as required by General Instruction G? If "No," attach explanation		• ,			8b	х	
9	Is the foundation claiming status as a private operating foundation within the meaning of sec	ction 4942(i)(3) or	4942(j)(5) for cale	ndar	ľ			
•	year 2008 or the taxable year beginning in 2008 (see instructions for Part XIV)? If "Yes," co					9		X
40	Did any persons become substantial contributors during the tax year? # *yee * attach a schedul				T	10		X

Form **990-PF** (2008)

Page 5

Part VII-A Statements Regarding Activities (continued)			
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12 Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
August 17, 2008?	12		Х
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
Website address ► N/A			
14 The books are in care of ▶ JOHN RIFE Telephone no. ▶ 319-3	99-5	700	
Located at ▶ 210 CANDELSTICK DR NE, MOUNT VERNON, IA ZIP+4 ▶5			
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		>	
and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a During the year did the foundation (either directly or indirectly):			
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	1 1		
a disqualified person?	1 1		
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?		i	
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?		{	
(5) Transfer any income or assets to a disqualified person (or make any of either available			
for the benefit or use of a disqualified person)?		-	
(6) Agree to pay money or property to a government official? (Exception. Check "No"		- 1	
if the foundation agreed to make a grant to or to employ the official for a period after	1 1	1	
termination of government service, if terminating within 90 days.)			
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)? N/A	1b		
Organizations relying on a current notice regarding disaster assistance check here			
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
before the first day of the tax year beginning in 2008?	10		X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
defined in section 4942(j)(3) or 4942(j)(5)):		ĺ	
a At the end of tax year 2008, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning		İ	
before 2008? Yes X No		ŀ	
If "Yes," list the years		l	
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect		İ	
valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach	1. 1	.]	
statement - see instructions.) N/A	2b		
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
•		ŀ	•
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time		1	
during the year?	1 1		
b If "Yes," did it have excess business holdings in 2008 as a result of (1) any purchase by the foundation or disqualified persons after			
May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			-
Form 4720, to determine if the foundation had excess business holdings in 2008) N/A	3b		
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that		Ť	
had not been removed from jeopardy before the first day of the tax year beginning in 2008?	4b	+	Х
	m 990 -	PF (2	

	1			
2 Compensation of five highest-paid employees (other than those inc	cluded on line 1). If none,	enter "NONE."		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, othe allowances
NONE				!
Total number of other employees paid over \$50,000	<u> </u>	<u></u>	L	(

$\mathbf{n} \mathbf{n}$	DOW	232
PO	BOX	252

39-1876841 Page 7

Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	on Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "	NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	1	
	<u></u>	
Total number of others receiving over \$50,000 for professional services		<u>▶</u> 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistics	al information such as the	Expenses
number of organizations and other beneficiaries served, conferences convened, research papers produc	ea, etc.	
1 <u>N/A</u>		
		
2		
^		
3		
Λ		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on line	es 1 and 2.	Amount
1 N/A		
2		
All other program-related investments. See instructions.		
3		
		
Total. Add lines 1 through 3		0.
		Form 990-PF (2008)

PO BOX 232

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign fou	ndation	is, see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
·	Average monthly fair market value of securities	1a	12,142,423.
	Average of monthly cash balances	1b	142,357.
	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	12,284,780.
	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.	,	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	12,284,780.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	184,272.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	12,100,508.
6	Minimum investment return. Enter 5% of line 5	6	605,025.
P	art XI Distributable Amount (see instructions) (Section 4942(1)(3) and (1)(5) private operating foundations are foreign organizations check here and do not complete this part.)	nd certai	n
1	Minimum investment return from Part X, line 6	1	605,025.
2a	Tax on investment income for 2008 from Part VI, line 5		
ь	Income tax for 2008. (This does not include the tax from Part VI.)		
	Add lines 2a and 2b	2c	6,328.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	598,697.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	598,697.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	598,697.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		F20 27F
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	538,375.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:	-	
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	538,375.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	538,375.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years.	qualifies	for the section

PO BOX 232

	,	(a) Corpus	(b) Years prior to 2007	(c) 2007	(d) 2008
1	Distributable amount for 2008 from Part XI, line 7			,	598,697
2	Undistributed income, if any, as of the end of 2007	1. 1.	11.		
	a Enter amount for 2007 only			170,693.	
ł	b Total for prior years:		0.		, -
3	Excess distributions carryover, if any, to 2008:				
	a From 2003	· · · · · · · · · · · · · · · · · · ·		<u> </u>	* 1
	b From 2004			,	•
	c From 2005		· · · · · · · ·		
,	d From 2006		, <u>.</u> -		
	e From 2007	•			- ,
1	f Total of lines 3a through e	0.			
	Qualifying distributions for 2008 from			, , , , , , , , , , , , , , , , , , , ,	
	Part XII, line 4: ►\$ 538,375.	' -		·	
	a Applied to 2007, but not more than line 2a			170,693.	
	b Applied to undistributed income of prior	,			
	years (Election required - see instructions)	,	0.		-
	c Treated as distributions out of corpus		,		•
	(Election required - see instructions)	0.		- ,	
	d Applied to 2008 distributable amount		, , ,		367,682.
	e Remaining amount distributed out of corpus	0.	-> (,	
	Excess distributions carryover applied to 2008	0.			0.
	(If an amount appears in column (d), the same amount must be shown in column (a))				
6	Enter the net total of each column as indicated below:		, <u>, , , , , , , , , , , , , , , , , , </u>	-	
	a Corpus. Add lines 3f, 4c, and 4e Subtract line 5	0.	, '	ē s	
ı	b Prior years' undistributed income. Subtract	,		,	
	line 4b from line 2b	,	0.	_ ` `	
•	c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.	-	-1.
(d Subtract line 6c from line 6b. Taxable				
	amount - see instructions		0.		
(e Undistributed income for 2007. Subtract line		,		
	4a from line 2a. Taxable amount - see instr.	,		0.	
1	Undistributed income for 2008. Subtract	· · · ·		,	
	lines 4d and 5 from line 1. This amount must	, ,			
	be distributed in 2009			· · · ·	231,015.
7					,
	corpus to satisfy requirements imposed by		•		
	section 170(b)(1)(F) or 4942(g)(3)	0.	,-,		
8	Excess distributions carryover from 2003				
	not applied on line 5 or line 7	0.			
9	- 1	_	• , '	,	•
	Subtract lines 7 and 8 from line 6a	0.			
	Analysis of line 9:		·*		
	Excess from 2004	,			
	Excess from 2005				
	Excess from 2006		1	,	
	1 Excess from 2007	` 		'	
_6	Excess from 2008	1	,		5 000 DE (2000)

THE MCINTYRE FOUNDATION

Form 990-PF (2008) PO BOX					76841 Page 1
Part XIV Private Operating F	oundations (see ins	structions and Part V	I-A, question 9)	N/A	
1 a If the foundation has received a ruling o	r determination letter that	it is a private operating			
foundation, and the ruling is effective fo	r 2008, enter the date of t	he ruling	▶ └	 _	
b Check box to indicate whether the found		g foundation described		4942(j)(3) or 49	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years	T	
income from Part I or the minimum	(a) 2008	(b) 2007	(c) 2006	(d) 2005	(e) Total
investment return from Part X for					
each year listed			<u> </u>		
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed			ļ . —	ļ	
d Amounts included in line 2c not				ľ	
used directly for active conduct of					
exempt activities				ļ	-
e Qualifying distributions made directly				•	
for active conduct of exempt activities.					
Subtract line 2d from line 2c				 	
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets		<u> </u>			
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year					
listed		- 			
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest, dividends, rents, payments on			1	[
securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt organizations as provided in					
section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info			if the foundation	had \$5,000 or mo	ore in assets
at any time during t	ne year-see the II	nstructions.)		· -	
1 Information Regarding Foundation	_				
a List any managers of the foundation who			ributions received by the	foundation before the clos	se of any tax
year (but only if they have contributed m	iore man \$5,000). (See Se	ction 507(a)(2).)			
J SCOTT MCINTYRE JR					
 List any managers of the foundation who other entity) of which the foundation has 			(or an equally large portio	n of the ownership of a pa	artnership or
• •	a 10% of greater interes				
NONE					·
2 Information Regarding Contribution		• • • •	_		and the founds of
Check here X if the foundation or the foundation makes gifts, grants, etc. (
				mpiete terris za, s, c, and	0.
a The name, address, and telephone numb	er of the person to whom	applications should be	auu18558U.		
h. The form in which applications should be	a submitted and informati	on and materials they sh	ould rackide:		
b The form in which applications should be	s SUVITILICU ANU IIIUI MALI	on and materials they Si	ioulu moidut.		
c Any submission deadlines:					
oubtinooien eudalineoi					
d Any restrictions or limitations on awards,	, such as by geographical	areas, charitable fields,	kınds of institutions, or o	ther factors:	

39-1876841

Page 11

Form 990-PF (2008) PO BOX 232			39-187	768 41 Page 11
Part XV Supplementary Information				,
3 Grants and Contributions Paid During the Name of	Year or Approved for Future I	Payment		
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year	of Substantial Continuator	recipient		<u>-</u>
		i		
,				
				}
]
GDD GMAMDADAM 10				
SEE STATEMENT 10	<u> </u>		▶ 3a	538,000.
b Approved for future payment				
NONE				
		1		
Total	<u></u>		▶ 3h	0.
10191			→ 4P	. 11.

nter gross amounts unless otherwise indicated.	Unrelated	business income		d by section 512, 513, or 514	(e)	
• • • • • • • • • • • • • • • • • • •	(a) Business	(b)	(C) Exclu-	(d)	Related or exempt	
1 Program service revenue:	code	Amount	code	Amount	function income	
a						
b						
C						
d		,				
e	l I					
f					<u> </u>	
g Fees and contracts from government agencies		-				
Membership dues and assessments						
Interest on savings and temporary cash						
investments			14	2,603.		
Dividends and interest from securities			14	314,977.		
Net rental income or (loss) from real estate:						
a Debt-financed property						
b Not debt-financed property						
Net rental income or (loss) from personal						
property	1-		+ +			
Other investment income	 		-			
Gain or (loss) from sales of assets other			18	-10 002		
than inventory			10	<10,982.		
Net income or (loss) from special events						
Gross profit or (loss) from sales of inventory Other revenue:						
a	1 1		 			
b	1 1					
^						
d			1			
d						
d		0		306,598.		
e Subtotal. Add columns (b), (d), and (e)		0		306,598.	306,598	
d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e)		0		,		
e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) we worksheet in line 13 instructions to verify calculations.)				13	306,598	
d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities	to the Accor	mplishment of E	Exempt	13 Purposes	306,598	
d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities ine No. Explain below how each activity for which inc	to the Acco	mplishment of E	Exempt	13 Purposes	306,59	
d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities	to the Acco	mplishment of E	Exempt	13 Purposes	306,59	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities ine No. Explain below how each activity for which inc	to the Acco	mplishment of E	Exempt	13 Purposes	306,59	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities ine No. Explain below how each activity for which inc	to the Acco	mplishment of E	Exempt	13 Purposes	306,59	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities ine No. Explain below how each activity for which inc	to the Acco	mplishment of E	Exempt	13 Purposes	306,59	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities ine No. Explain below how each activity for which inc the foundation's exempt purposes (other tha	to the Acco	mplishment of E	Exempt	13 Purposes	306,59	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities ine No. Explain below how each activity for which inc	to the Acco	mplishment of E	Exempt	13 Purposes	306,59	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities ine No. Explain below how each activity for which ince the foundation's exempt purposes (other that	to the Acco	mplishment of E	Exempt	13 Purposes	306,59	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities ine No. Explain below how each activity for which ince the foundation's exempt purposes (other that	to the Acco	mplishment of E	Exempt	13 Purposes	306,59	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) see worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities sine No. Explain below how each activity for which incomplete the foundation's exempt purposes (other that	to the Acco	mplishment of E	Exempt	13 Purposes	306,59	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities ine No. Explain below how each activity for which inc the foundation's exempt purposes (other tha	to the Acco	mplishment of E	Exempt	13 Purposes	306,59	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities ine No. Explain below how each activity for which inc the foundation's exempt purposes (other tha	to the Acco	mplishment of E	Exempt	13 Purposes	306,59	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) see worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities sine No. Explain below how each activity for which incomplete the foundation's exempt purposes (other that	to the Acco	mplishment of E	Exempt	13 Purposes	306,59	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities ine No. Explain below how each activity for which ince the foundation's exempt purposes (other that	to the Acco	mplishment of E	Exempt	13 Purposes	306,59	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities ine No. Explain below how each activity for which ince the foundation's exempt purposes (other that	to the Acco	mplishment of E	Exempt	13 Purposes	306,59	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities ine No. Explain below how each activity for which ince the foundation's exempt purposes (other that	to the Acco	mplishment of E	Exempt	13 Purposes	306,59	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities ine No. Explain below how each activity for which ince the foundation's exempt purposes (other that	to the Acco	mplishment of E	Exempt	13 Purposes	306,59	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities ine No. Explain below how each activity for which ince the foundation's exempt purposes (other that	to the Acco	mplishment of E	Exempt	13 Purposes	306,59	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities ine No. Explain below how each activity for which ince the foundation's exempt purposes (other that	to the Acco	mplishment of E	Exempt	13 Purposes	306,59	

_			OX 232			<u>39-187</u>		Pa	ige 13
P	art X			s To and Transacti	ons an	d Relationships With Noncha	ritable	•	
		Exempt Organ							
1	Did th	ne organization directly or ind	irectly engage in any of the t	following with any other org	anization	described in section 501(c) of	<u> </u>	Yes	No
	the C	ode.(other than section 501(o	c)(3) organizations) or in sec	ction 527, relating to politic	al organiza	ations?			
8	Trans	fers from the reporting found	dation to a noncharitable exe	empt organization of:					
	(1) (Cash					1a(1)		<u> </u>
	(2)	Other assets					1a(2)		X
t	Other	transactions:							
	(1) 5	Sales of assets to a noncharita	able exempt organization				16(1)		Х
	(2) F	Purchases of assets from a no	oncharitable exempt organiz	ation			1b(2)		X
	(3) F	Rental of facilities, equipment,	, or other assets				1b(3)		X
	(4) F	Reimbursement arrangements	S				1b(4)		X
	(5) L	oans or loan guarantees					1b(5)		Х
	(6) F	erformance of services or mo	embership or fundraising so	olicitations			1b(6)		Х
c	Sharı	ng of facilities, equipment, ma	ailing lists, other assets, or p	oaid employees			1c		X
		-			ould alwa	ys show the fair market value of the goods,	other ass	ets.	
						in any transaction or sharing arrangement,		,	
		nn (d) the value of the goods,				•			
(a)	Line no	(b) Amount involved	(c) Name of nonch	aritable exempt organizatio	n	(d) Description of transfers, transactions, and	sharing ar	angeme	nts
			N	I/A					
	_					<u> </u>			
			· · · · · · · · · · · · · · · · · · ·				-		
		· · · · · · · · · · · · · · · · · · ·							
	-								
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		·····		· 		* * * * * * * * * * * * * * * * * * * *			
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				 -					
			 	 					
_	lo éb -			<u> </u>		han danshad			
2 a		foundation directly or indirect	- ·		organizai	tions described	— , ,	Γ υ	No
		tion 501(c) of the Code (othe		in section 527?		L	Yes	LA) NO
	II Yes	s,* complete the following sch (a) Name of org		(b) Type of organi	zation	(c) Description of relations	hin		
		 	Janization	(b) Type of organic	Zation	(c) Description of relations	шр		
		N/A_							
						· · · · · · · · · · · · · · · · · · ·			
					-				
_	Under -	enalties of parties I declare that I h	have examined this return, includ	lana accompanyung pehadulan an	d statemen	ts, and to the best of my knowledge and belief, it is	true corre		
		plete Declaration of preparer (other					uue, cone	٠٠,	
			(Y) 0	1 alist		· Nead alunt			
ا ھ	≯ ≂	JUM C/	THE	14/6/	010	The work			
<u>ē</u>	I Kit	nature of officer of thustee	 	Date /	- Inc	Chook if	nria salanti-4		
5	ςo >	Preparer's			Date	∠ a _ self	er's identify	ing numi	U UI
กั	Paid Preparer's Use Only	signature	- Juga	<u> </u>	<u> </u>	2 € employed ►			
-1	Paid spare se On			MS.		EIN ►			
	ξñ	if self-employed), / 221	THIRD AVENUE		00				_
		address, and ZIP code CEDA	<u> RAPIDS, IA</u>	52401-1512		Phone no. 319 -	<u> 298-</u>	<u> 533</u>	3

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

➤ Attach to Form 990, 990-EZ, and 990-PF.

OMB No 1545-0047

2008

Employer identification number

THE MCINTYRE FOUNDATION PO BOX 232 39-1876841 Organization type (check one): Filers of: Section: _ 501(c)(Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 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 organizations 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 Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/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 Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II. Left For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests 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 Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate 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, Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization
THE MCINTYRE FOUNDATION
PO BOX 232

Employer identification number

BOX 232 39-1876841

Part 1	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	J SCOTT MCINTYRE JR PO BOX 73909 CEDAR RAPIDS, IA 52407	\$ 200,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	MILDRED MCINTYRE REVOCABLE TRUST PO BOX 73909 CEDAR RAPIDS, IA 52407	\$\$ <u>31,497.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	MILDRED MCINTYRE REVOCABLE TRUST PO BOX 73909 CEDAR RAPIDS, IA 52407	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4	MILDRED MCINTYRE REVOCABLE TRUST PO BOX 73909 CEDAR RAPIDS, IA 52407	\$ 10,765.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

THE MCINTYRE FOUNDATION

PO BOX 232

39-1876841

Noncash Property (see instructions)		
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
60 SHARES UNITED FIRE & CASUALTY	_	
		08/30/08
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
623 SHARES UNITED FIRE & CASUALTY	_	
		05/30/09
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	_	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	_	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	_	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	-	
	- 1	
	(b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given	Noncash Property (see instructions) (b) Description of noncash property given (c) FMV (or estimate) (see instructions) (b) Description of noncash property given (c) FMV (or estimate) (see instructions) (d) FMV (or estimate) (see instructions) (e) FMV (or estimate) (see instructions) (f) FMV (or estimate) (see instructions) (h) Description of noncash property given (c) FMV (or estimate) (see instructions) (c) FMV (or estimate) (see instructions) (d) FMV (or estimate) (see instructions) (e) FMV (or estimate) (see instructions) (f) FMV (or estimate) (see instructions) (h) Description of noncash property given (c) FMV (or estimate) (see instructions)

CONTINUATION FOR 990-PF, PART IV THE MCINTYRE FOUNDATION PO BOX 232 39-1876841 PAGE Part IV | Capital Gains and Losses for Tax on Investment Income (b) How acquired (a) List and describe the kind(s) of property sold, e.g., real estate, (c) Date acquired (d) Date sold - Purchase 2-story brick warehouse; or common stock, 200 shs. MLC Co. (mo., day, yr.) (mo., day, yr.) D - Donation <u>09/03/</u>0810/06/08 1a_BRISTOW GROUP P b DELTA PETE CORP SR P 05/29/0801/05/09 c ENERPLUS RES FD P 04/24/0809/26/08 d ENERPLUS RES FD P 07/08/0810/06/08 P 08/12/0811/07/08 e ENERPLUS RES FD 04/24/0803/17/09 P f SCHERING-PLOUGH CORPORATION g US TREASURY P <u>09/30/08</u>06/04/09 07/11/0806/24/09 h GREAT PLAINS ENERGY P 1 m n 0 (f) Depreciation allowed (g) Cost or other basis (h) Gain or (loss) (e) Gross sales price (or allowable) (e) plus (f) minus (g) plus expense of sale 3,479. 4,988. <1,509.> a 10,455. <5,9<u>93.</u>> b 4,462. <1,502.> 7,416. 8,918. C 2,998. 4,073. <1,075.> ď 2,481. 3,871. <1,390.> е 13,641. 1,527. 15,168. f 20,000. 19,822. 178. 9 7,500. <1,218.> h 6,282. 1 m

(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (I) over col. (j), if any	Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
			<1,50
			<5,99
			<1,50
	·····		<1,07
			<1,39
			1,52
			<1,21
		0.4117	
pital gain net income or (net cap	ital loss) { If gain, also enter	r in Part I, line 7 D-" in Part I, line 7	<10,98

N/A

If gain, also enter in Part I, line 8, column (c).

If (loss), enter "-0-" in Part I, line 8

FORM 99	0-PF	G	AIN OR	(LOSS)	FROM	SALE	01	F A	SSETS		STA	TEMENT	1
DESCRIP'	(A) TION OF	PROPERTY							ANNER QUIRED		TE IRED	DATE S	SOLD
BRISTOW	GROUP]	PUR	CHASED	09/0	3/08	10/06	5/08
	GR	B) OSS PRICE	(C COST OTHER	OR	EX	(D) PENSE SALE	OI	F	(E) DEPRE	С.	GATN	(F) OR LOS	SS
		3,479.		4,988	•		(0.		0.		<1,5	
DESCRIP'	(A) TION OF	PROPERTY							ANNER QUIRED	DA ACQU	TE IRED	DATE S	SOLD
DELTA PI	ETE COR	P SR	_				I	PUR	CHASED	05/2	9/08	01/05	5/09
	GR	B) OSS PRICE	(C COST OTHER	OR	EXI	(D) PENSE SALE	OI	?	(E)	c.		(F) OR LOS	ss
		4,462.		10,455.	,		().		0.		<5,9	93.
DESCRIPT	(A) FION OF	PROPERTY							ANNER QUIRED	DA ACQU		DATE S	OLD
ENERPLUS	S RES F	D	_				F	PUR(CHASED	04/2	4/08	09/26	/08
	GR	B) DSS PRICE	(C COST OTHER	OR	EXI	(D) PENSE SALE	OF	7	(E)	с.		(F) OR LOS	s
_		7,416.		8,918.).		0.		<1,5	02.

DESCRIPT	(A) ION OF PROPERTY			P	MANNER CQUIRED	DA'		DATE SOLD
ENERPLUS	RES FD			PU	RCHASED	07/08	3/08	10/06/08
	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE SALE	OF	(E) DEPRE	2.		(F) OR LOSS
	2,998.	4,073.		0.		0.		<1,075.>
DESCRIPT	(A) ION OF PROPERTY				MANNER CQUIRED	DAT ACQUI		DATE SOLD
ENERPLUS	RES FD	_		PU	RCHASED	08/12	2/08	11/07/08
	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE SALE	OF	(E) DEPRE	٦.		(F)
	2,481.	3,871.		0.		0.	ONITI	<1,390.>
DESCRIPT	(A) ION OF PROPERTY				MANNER CQUIRED	DA'I ACQUI		DATE SOLD
SCHERING	-PLOUGH CORPORA	rion		PU	RCHASED	04/24	1/08	03/17/09
	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE SALE	OF	(E) DEPRE	٦.		(F)
_	15,168.	13,641.		0.		0.		1,527.
DESCRIPT	(A) ION OF PROPERTY				MANNER CQUIRED	DA ¹ ACQUI		DATE SOLD
US TREAS	URY	_		PU	RCHASED	09/30	0/08	06/04/09
	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE SALE	OF	(E) DEPREC	C.		(F) OR LOSS
	20,000.	19,822.		0.		0.		178.

(A) DESCRIPTION OF PROPERTY			MANI ACQUI		DA7		DATE S	OLD
GREAT PLAINS ENERGY			PURCHA	ASED	07/11	1/08	06/24	/09
	(C) OST OR ER BASIS	(D) EXPENSE C SALE		(E) DEPRE	c.		(F) OR LOS	S
6,282.	7,500.		0.		0.	- 1.	<1,2	 18.>
CAPITAL GAINS DIVIDENDS FRO	M PART IV						-	0.
TOTAL TO FORM 990-PF, PART	I, LINE 6A				=		<10,9	82.>
FORM 990-PF INTEREST ON SA	VINGS AND T	EMPORARY C	ASH IN	IVEST	MENTS	STA	PEMENT	2
SOURCE						2	TUUOMA	
INTEREST							2,6	03.
TOTAL TO FORM 990-PF, PART	I, LINE 3,	COLUMN A					2,6	03.
FORM 990-PF DIVIDE	NDS AND INT	EREST FROM	SECUE	RITIE	S	STAT	PEMENT	3
SOURCE	GRO	SS AMOUNT		TAL (GAINS NDS		LUMN (A AMOUNT)
DIVIDEND INCOME		314,977.	,		0.		314,9	77.
TOTAL TO FM 990-PF, PART I,	LN 4	314,977.			0.		314,9	77.
FORM 990-PF	LEG	AL FEES				STAT	rement	4
DESCRIPTION	(A) EXPENSES PER BOOK		EST-	AD	(C) JUSTEI INCOM		(D) CHARITA PURPOS	
LEGAL FEES	75	0.	. 375.				3	75.
TO FM 990-PF, PG 1, LN 16A	75	0.	375.				3	75.

FORM 990-PF	OTHER :	PROFESS	SIONAL FE	ES	STATEMENT 5			
DESCRIPTION	EXPE	A) NSES BOOKS	(B) NET INVE MENT INC		(C) ADJUSTEI NET INCOM			
RAYMOND JAMES	·-	701.		701.		· · · · · · · · · · · · · · · · · · ·	0.	
TO FORM 990-PF, PG 1, LN 16C	-	701.		701.			0.	
FORM 990-PF		TAXI	ES			STATEMENT	6	
DESCRIPTION	EXPE	A) NSES BOOKS	(B) NET INVE MENT INC		(C) ADJUSTEI NET INCOM			
EXCISE TAXES FOREIGN TAXES	(6,887.		0. 101.			0. 0.	
TO FORM 990-PF, PG 1, LN 18	(6,988.		101.			0.	
FORM 990-PF U.S. AND S	STATE/O	CITY GO	OVERNMENT	OBLI	GATIONS	STATEMENT	7	
DESCRIPTION		U.S. GOV'I		воо	K VALUE	FAIR MARKE VALUE	T	
RAYMOND JAMES INVESTMENT ACCO	DUNT	X			14,944.	14,9	73.	
TOTAL U.S. GOVERNMENT OBLIGAT	TIONS		•		14,944.	14,9	73.	
TOTAL STATE AND MUNICIPAL GOV	/ERNMEN	NT OBLI	GATIONS					
TOTAL TO FORM 990-PF, PART II	LINE	E 10A	•	-	14,944.	14,9	73.	

FORM 990-PF (CORPORATE STOCK			STATEME	NT 8
DESCRIPTION		BOOK V	ALUE	FAIR MAI VALUI	
UNITED FIRE & CASUALTY INC RAYMOND JAMES INVESTMENT ACCOUNT			7,324. 8,893.		5,650. 2,899.
TOTAL TO FORM 990-PF, PART II, LI	NE 10B	12,57	6,217.	8,928	3,549.
FORM 990-PF C	CORPORATE BONDS			STATEMEN	VT 9
DESCRIPTION		BOOK V	ALUE	FAIR MAF VALUE	
RAYMOND JAMES INVESTMENT ACCOUNT		10	0,936.	85	3,319.
TOTAL TO FORM 990-PF, PART II, LI	NE 10C	10	0,936.	85	319.
	AND CONTRIBUTION DURING THE YEAR	S		STATEMEN	IT 10
RECIPIENT NAME AND ADDRESS	RECIPIENT RELA AND PURPOSE O		RECIP STA		OUNT
BACCHANALIA BAROQUE ENSEMBL, INC 81 SEAMAN AVENUE STE 5D, NEW YORK, NY 10034	NONE GENERAL OPERATI BUDGET	NG	PUBLIC	1	.,000.
BRUCEMORE 2160 LINDEN DRIVE SE, CEDAR RAPIDS, IA 52403	NONE GENERAL OPERATI BUDGET	NG	PUBLIC	1	.,000.
CEDAR RAPIDS MUSEUM OF ART 410 3RD AVENUE SE, CEDAR RAPIDS, IA 52401			PUBLIC	10	,000.
CEDAR RAPIDS OPERA THEATRE 1120 2ND AVE SE, CEDAR RAPIDS, IA 52403		NG	PUBLIC	2	,500.

CEREBRAL PALSY INTERNATIONAL RESEARCH FOUNDATION 1025 CONNECTICUT AVE, WASHINGTON, DC 20036			PUBLIC	10,000.
COE COLLEGE 1220 1ST AVENUE NE, CEDAR RAPIDS, IA 52402	NONE GENERAL OPE BUDGET		PUBLIC	10,000.
COMMUNITY HEALTH FREE CLINIC 947 14TH AVENUE SE, CEDAR RAPIDS, IA 52401			PUBLIC	10,000.
CORNELL COLLEGE 600 1ST STREET SW, MT VERNON, IA 52314			PUBLIC	10,000.
DOCTORS WITHOUT BORDERS 333 7TH AVE, 2ND FLOOR, NEW YORK, NY 10001			PUBLIC	5,000.
5400 KIRKWOOD BLVD SW, CEDAR	NONE GENERAL OPI BUDGET		PUBLIC	50,000.
FRIENDS OF KSUI ONE WEST PARK ROAD, IOWA CITY, IA 52244			PUBLIC	1,000.
GOODWILL INDUSTRIES 5520 COUNCIL STREET NE, CEDAR RAPIDS, IA 52402	NONE GENERAL OPI BUDGET	ERATING	PUBLIC	5,000.
HORIZONS 819 5TH STREET SE, CEDAR RAPIDS, IA 52401			PUBLIC - ·	35,000.
INDIAN CREEK NATURE CENTER 6665 OTIS ROAD SE, CEDAR RAPIDS, IA 52401	NONE GENERAL OPI BUDGET	ERATING	PUBLIC	15,000.

THE MCINTYRE FOUNDATION PO BOX 232		39-1876841
IOWA COLLEGE FOUNDATION NONE 505 5TH AVENUE, DES MOINES, IA GENERAL OPERATING 50309 BUDGET	PUBLIC	20,000.
KANSAS PUBLIC RADIO NONE 1120 WEST 11TH STREET, LAWRENCE, GENERAL OPERATING KS 66044 BUDGET	PUBLIC	1,000.
KIRKWOOD COLLEGE FOUNDATION NONE 6301 KIRKWOOD BLVD SW, CEDAR GENERAL OPERATING RAPIDS, IA 52404 BUDGET	PUBLIC	10,000.
MERCY FOUNDATION NONE 701 10TH STREET SE, CEDAR RAPIDS, GENERAL OPERATING IA 52403 BUDGET	PUBLIC	50,000.
METROPOLITAN MUSEUM OF ART NONE 1000 FIFTH AVENUE, NEW YORK, NY GENERAL OPERATING 10028 BUDGET	PUBLIC	1,000.
MOUNT MERCY COLLEGE NONE 1330 ELMHURST DRIVE NE, CEDAR GENERAL OPERATING RAPIDS, IA 52402 BUDGET	PUBLIC	10,000.
MUSEUM OF NEW MEXICO NONE 107 WEST PALACE AVENUE, SANTA FE, GENERAL OPERATING NM 87501 BUDGET	PUBLIC	20,000.
OPERATION SMILE NONE 6435 TIDEWATER DR, NORFOLK, VA GENERAL OPERATING 23509 BUDGET	PUBLIC	5,000.
PORTRAIT SOCIETY OF AMERICA INC NONE 106 E. 4TH AVE, TALLAHASSEE, FL GENERAL OPERATING 32303 BUDGET	PUBLIC	500.
ST ELIZABETH HOMELESS SHELTER NONE 84 ALARID STREET, SANTA FE, NM GENERAL OPERATING 87505 BUDGET	PUBLIC	2,500.
UNITED WAY OF EASTERN IOWA NONE 1030 5TH AVENUE SE, CEDAR RAPIDS, GENERAL OPERATING IA 52403 BUDGET	PUBLIC	100,000.

	THE	MCINTYRE	FOUNDATION	PO	BOX	232
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THE MCINTYRE FOUNDATION PO BOX 2	232 —		39-1876841
UNITED WAY OF SANTA FE 440 CERILLOS ROAD SUITE A, SANTA FE, NM 87501	NONE GENERAL OPERATING BUDGET	PUBLIC	7,500.
UNIVERSITY OF IOWA FOUNDATION ONE WEST PARK ROAD, IOWA CITY, IA 52244		PUBLIC	20,000.
318 5TH STREET SE, CEDAR RAPIDS,	NONE GENERAL OPERATING BUDGET	PUBLIC	10,000.
YMCA 207 7TH AVE SE, CEDAR RAPIDS, IA 52401	NONE BUILDING CAMPAIGN	PUBLIC	10,000.
IOWA PUBLIC TELEVISION 6450 CORPORATE DRIVE, JOHNSTON, IA 50131	NONE	PUBLIC	2,000.
ARC OF EAST CENTRAL IOWA ENDOWMENT TRUST FUND 580 2ND STREET SE, CEDAR RAPIDS, IA 52401	NONE	PUBLIC	5,000.
METROPOLITAN CEDAR RAPIDS LIBRARY FOUNDATION 2600 EDGEWOOD ROAD SW, CEDAR RAPIDS, IA 52404	NONE	PUBLIC	20,000.
NATIONAL CZECH & SLOVAK MUSEUM & LIBRARY 1444 FIRST AVENUE NE, CEDAR RAPIDS, IA 52402	NONE	PUBLIC	5,000.
THE SANTA FE OPERA 17053 US HIGHWAY 84/285, SANTA FE, NM 87506	NONE	PUBLIC	2,500.
THE NATURE CONSERVANCY 1545 N FAIRFAX DRIVE, STE 100, ARLINGTON, VA 22203-1606	NONE	PUBLIC	5,000.

THE MCINTYRE FOUNDATION PO BOX	232		39-1876841
CENTER FOR CONTEMPORARY ARTS 1050 OLD PECOS TRAIL, SANTA FE, NM 87505	NONE	PUBLIC	500.
KNME PBS NEW MEXICO 1200 UNIVERSITY BLVD NE, ALBUQUERQUE, NM 87102	NONE	PUBLIC	2,000.
THE CENTER FOR EXCELLENCE IN GRAPHIC ARTS	NONE	PUBLIC	5,000.
THEATER CEDAR RAPIDS 4444 FIRST AVENUE NE, CEDAR RAPIDS, IA 52401	NONE	PUBLIC	53,000.
AFRICAN AMERICAN HISTORICAL MUSEUM 55 12TH AVENUE SE, CEDAR RAPIDS, IA 52401	NONE	PUBLIC	5,000.

TOTAL TO FORM 990-PF, PART XV, LINE 3A

538,000.

Form '8868'

(Rev. April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

	•		
., you a	re-filing for an Automatic 3-Month Extension, complete only Part I and check this box re-filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this	form	> X
	mplete Part II unless you have already been granted an automatic 3-month extension on a previously fi		
Part I	Automatic 3-Month Extension of Time. Only submit original (no copies needed).		
	ion required to file Form 990-T and requesting an automatic 6-month extension - check this box and con	nnloto	
Part I only	ion required to the Porm 990-1 and requesting an automatic 6-month extension - check this box and con	npiete	▶ □
•	orporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request ar	n ovto	notion of time
	me tax returns.	i exte	nsion or ame
noted belo (not autom you must s	Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension with (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronicatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or cosubmit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic file to the file for Chanties & Nonprofits.	ically i	of (1) you want the additional lated Form 990-T. Instead,
Type or	Name of Exempt Organization	Emp	oloyer identification number
print	THE MCINTYRE FOUNDATION		
File by the	PO BOX 232] 3	39-1876841
due date for filing your return See	Number, street, and room or suite no. If a P O. box, see instructions 210 CANDLESTICK DRIVE NE		
instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MOUNT VERNON, IA 52314		
Check typ	e of return to be filed(file a separate application for each return)		
	990 Form 990-T (corporation) Form 47 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 52 990-EZ Form 990-T (trust other than above) Form 60	227	
X Form	· ·		
The boo Telepho If the org		A 5	
The boo Telepho If the org If this is box I requ Is for	JOHN RIFE ks are in the care of ► 210 CANDELSTICK DR NE - MOUNT VERNON, I ne No. ► 319-399-5700 FAX No. ► ganization does not have an office or place of business in the United States, check this box for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this	A 5	r the whole group, check this pers the extension will cover.
The book Telepho If the org If this is If the sis If the org If this is If the org If t	JOHN RIFE ks are in the care of ▶ 210 CANDELSTICK DR NE - MOUNT VERNON, I ne No. ▶ 319-399-5700 FAX No. ▶ ganization does not have an office or place of business in the United States, check this box for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If thi I it is for part of the group, check this box ▶ □ and attach a list with the names and EINs of all interest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until FEBRUARY 15, 2010 , to file the exempt organization return for the organization named at the organization's return for: □ calendar year or	A 5	r the whole group, check this pers the extension will cover.
The book Telepho If the ord If this is box I require is for the control of the	JOHN RIFE Isks are in the care of ▶ 210 CANDELSTICK DR NE - MOUNT VERNON, I The No. ▶ 319-399-5700 FAX No. ▶ Granization does not have an office or place of business in the United States, check this box for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for part of the group, check this box ▶ and attach a list with the names and EINs of all the standard states are under the organization of time unter the organization's return for: or or or tax year beginning JUL1, 2008, and ending JUN 30_, 2009 Istax year is for less than 12 months; check reason: Initial return Final return is application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any	A 5	
The book Telepho If the ord If this is box I require is for the control of the	JOHN RIFE Isks are in the care of ▶ 210 CANDELSTICK DR NE - MOUNT VERNON, I The No. ▶ 319-399-5700 FAX No. ▶ Granization does not have an office or place of business in the United States, check this box for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for part of the group, check this box ▶ and attach a list with the names and EINs of all the standard states are under the organization of time unter the organization's return for: or or or	A 5	
The book Telepho If the org If this is The book If this is The book If this is The book If this is The book If this is The book If this The book If this The book If this If this The book If this If	JOHN RIFE tks are in the care of ▶ 210 CANDELSTICK DR NE - MOUNT VERNON, I ne No. ▶ 319-399-5700 FAX No. ▶ ganization does not have an office or place of business in the United States, check this box for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If thi If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all the standard in the organization's return for: calendar year or or tax year beginning JUL _ 1, _ 2008, and ending JUN _ 30, 2009 Is tax year is for less than 12 months; check reason: Initial return Final return application is for Form 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any stundable credits. See instructions.	A 5 . s is fo memb	the whole group, check this pers the extension will cover. The extension Change in accounting period \$ 6,328.
The book Telepho If the org If this is box I require I require I for I f	JOHN RIFE Iks are in the care of ▶ 210 CANDELSTICK DR NE - MOUNT VERNON, I The No. ▶ 319-399-5700 FAX No. ▶ Gainization does not have an office or place of business in the United States, check this box for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If thi If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all litest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unting the organization's return for: Calendar year	A 5	
The book Telepho If the org If this is If this is If this is If this is If this is If this If	JOHN RIFE Isks are in the care of ▶ 210 CANDELSTICK DR NE - MOUNT VERNON, I ne No. ▶ 319-399-5700 FAX No. ▶ Granization does not have an office or place of business in the United States, check this box for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for part of the group, check this box ▶ and attach a list with the names and EINs of all litest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unting FEBRUARY 15, 2010 , to file the exempt organization return for the organization named at the organization's return for: calendar year or calendar year	A 5 . s is fo memb	the whole group, check this pers the extension will cover. The extension Change in accounting period \$ 6,328.
The book Telepho If the organisation if this is box I require is for this is for the interest in the interes	JOHN RIFE Iks are in the care of ▶ 210 CANDELSTICK DR NE - MOUNT VERNON, I The No. ▶ 319-399-5700 FAX No. ▶ Gainization does not have an office or place of business in the United States, check this box for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If thi If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all litest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unting the organization's return for: Calendar year	A 5 . s is fo memb	the whole group, check this pers the extension will cover. The extension Change in accounting period \$ 6,328.