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## Form **990-PF**

## Extended to 8-16-10

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

OMB No 1545-0052

2009

Department of the Treasury Internal Revenue Service Note: The foundation may be able to use a copy of this return to satisfy state reporting requirements , 2009, and ending For calendar year 2009, or tax year beginning Initial Return of a former public charity Final return G Check all that apply Initial return Amended return Address change Name change Employer identification number Use the THE MERCHANTS BONDING COMPANY FOUNDATION 26-3035459 IRS label. Otherwise, 2100 FLEUR DRIVE R Telephone number (see the instructions) print DES MOINES, IA 50321 (515) 243-8171 or type. See Specific C If exemption application is pending, check here Instructions 1 Foreign organizations, check here X Section 501(c)(3) exempt private foundation 2 Foreign organizations meeting the 85% test, check Check type of organization here and attach computation Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation If private foundation status was terminated Fair market value of all assets at end of year Accounting method X Cash J Accrual under section 507(b)(1)(A), check here (from Part II, column (c), line 16) Other (specify) If the foundation is in a 60-month termination ► S 267,244. (Part I, column (d) must be on cash basis) under section 507(b)(1)(B), check here Part I Analysis of Revenue and (a) Revenue and (b) Net investment (c) Adjusted net (d) Disbursements Expenses (The total of amounts in expenses per books income income for charitable columns (b), (c), and (d) may not neces-sarily equal the amounts in column (a) purposes (cash basis only) (see the instructions) ) Contributions, gifts, grants, etc. received (att sch) 200,000 if the foundn is not reg to att Sch B Interest on savings and temporary 485 485 485 cash investments Dividends and interest from securities 5a Gross rents **b** Net rental income or (loss) REVENU 6a Net gain/(loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications 1 323 10 a Gross sales less returns and allowances 1 b Less Cost of goods sold , · +-

c Gross profit/(loss) (att sch) 11 Other income (attach schedule).

and disbursements.

b Net investment income (if negative, enter -0-).

C Adjusted net income (if negative, enter -0-)

13

14

Total. Add lines 1 through 11

Other employee salaries and wages 15 Fension plans employee 16 a legal fees (artac Comput)

Compensation of officers, directors, trustees, etc

þ Accounting fees (attach sch) Per proj prohims (attach sch) S C Ò 17 18 19 ¥ 20 Occupancy Travel, conferences, and meetings. 22 Printing and publications 23 Other expenses (attach schedule) SEE STATEMENT 143 143 Total operating and administrative 143 expenses. Add lines 13 through 23 143 25 Contributions, gifts, grants paid PART XV 8,100 8,100. Total expenses and disbursements. Add lines 24 and 25 143 8,100. 8,243 Subtract line 26 from line 12: a Excess of revenue over expenses Ļ

192,242

200,485

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

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Form 990-PF (2009)

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Dost	<u> </u>	Balance Sheets	Attached schedules and amounts in the description	Beginning of year	E	nd o	t year
Part	161	Balance Sneets	column should be for end-of-year amounts only (See instructions )	(a) Book Value	(b) Book Value		(c) Fair Market Value
- "	1	Cash - non-interest	-bearing				
ļ	2	Savings and tempora	ary cash investments	75,002.	267,24	4.	267,244.
	3	Accounts receivable	<del>-</del>				
		Less allowance for	doubtful accounts		and the second second		
	4	Pledges receivable	<b>&gt;</b>				14
		Less allowance for	doubtful accounts	1 1			
	5	Grants receivable					· •
ĺ	6		cers, directors, trustees, and other				·
	·	disqualified persons (attac	ch schedule) (see the instructions).				
	7	Other notes and loans rec	eivable (attach sch) 🕒			_	
A	!	Less allowance for	doubtful accounts ►	]			
Š	8	Inventories for sale	or use				
A S E T	9	Prepaid expenses ai	nd deferred charges				
s	10 a	Investments – US obligations (attach s	and state government				
	t	Investments — corporate					
		Investments — corporate	· ·				
	11	Investments - land,	buildings and				
		equipment basis Less: accumulated deprec	<b></b>	- is existence	a marie de la la la marie de		السائلة المالية
		(attach schedule)					
	12	Investments - morte	gage loans				
	13	Investments - other	r (attach schedule)				
	14	Land, buildings, and e	equipment basis 🛌			.,	
		Less: accumulated depred (attach schedule)	eration <b>-</b>		-		
		Other assets (descri		·			
	16		completed by all filers — so, see page 1, item l)	75,002.	267,24	14.	267,244.
Ļ	17	Accounts payable a	nd accrued expenses				
A B	18	Grants payable					***
	19	Deferred revenue					
L	20	Loans from officers, direct	ctors, trustees, & other disqualified persons				
†	21	Mortgages and other note	s payable (attach schedule)				
İ	22	Other liabilities (desci	ribe ►)				
E S	23	Total liabilities (add	I lines 17 through 22)	0.		0.	12.
		Foundations that fo	ollow SFAS 117, check here 24 through 26 and lines 30 and 31.				
N F	24	Unrestricted					Barrier - Estimate
ΕU	25	Temporarily restricted	ed.				
T N							
	-~	•	o not follow SFAS 117, check here				
A B A L A		and complete lines	27 through 31.	-			7
ĒĹ	27	Capital stock trust i	principal, or current funds	75,002.	267,24	1 4	
SN	28	• • •	or land, building, and equipment fund	75,002.	201,2	<del></del>	
С	29	•	nulated income, endowment, or other funds				- A- ( ) J-1 ( )
OERS	30	• .	fund balances (see the instructions)	75,002.	267,24	14	
•	31		net assets/fund balances				
	<u> </u>	(see the instructions		75,002.	267,24	14.	, d
Part	111	Analysis of Char	nges in Net Assets or Fund Balanc	ces			T
1	Tota end-	I net assets or fund b of-year figure reporte	valances at beginning of year — Part II, col and on prior year's return)	umn (a), line 30 (must a	igree with	1	75,002.
2	Ente	er amount from Part I,	, line 27a		Ĺ	2	192,242.
3		increases not included in I	ine 2 (itemize)			3	
4		lines 1, 2, and 3			Ļ	4	267,244.
5		eases not included in line 2				5	
6	Tota	I net assets or fund b	palances at end of year (line 4 minus line 5	b) - Part II, column (b),	line 30	6	267,244.

(a) List and descri	I Losses for Tax on Investment the the kind(s) of property sold (e.g., re buse, or common stock, 200 shares ML	eal estate,	(b) How acquired P — Purchase D — Donation	(C) Date acquired (month, day, year)	(d) Date sold (month, day, year
1a N/A			D Donation		
b					
С					
d					
е					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other bar plus expense of sa		(h) Gain or (e) plus (f) m	
a					- <del>-</del>
b		<del></del>			<del></del>
<u>c</u>		<u> </u>			
d					
<u>e</u>					<del></del>
	owing gain in column (h) and owned by			(I) Gains (Col	
(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column over column (j), if a		jain minus column ( an -0-) <b>or</b> Losses (f	
<b>a</b> b					
c					
d					<del> </del>
e			1 - 1		
2 Capital gain net income or (r	net capital loss)  If gain, also If (loss), ent	enter in Part I, line 7 er -0- in Part I, line 7	. 2		
3 Net short-term capital gain o	r (loss) as defined in sections 1222(5)				
If gain, also enter in Part I, li in Part I, line 8	ne 8, column (c) (see the instructions)	If (loss), enter -0-	. 3		
Part V   Qualification Und	er Section 4940(e) for Reduced	d Tax on Net Investm	ent Income		
'Yes,' the foundation does not qu	ection 4942 tax on the distributable amualify under section 4940(e) Do not continuous time ach year, see the	mplete this part	·	Yes	No
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	<b>(c)</b> Net value of noncharitable-use as:		<b>(d)</b> Distribution umn (b) divided	
2008	<u> </u>				
2007		<del> </del>			
2006					
2005		······································			<del></del>
2004				·····	<del></del>
2 Total of line 1, column (d)			2	·	<del> </del>
Average distribution ratio for number of years the foundati	the 5-year base period — divide the to ion has been in existence if less than 5	tal on line 2 by 5, or by the years	3		
4 Enter the net value of nonch	arıtable-use assets for 2009 from Part	X, line 5	4		
5 Multiply line 4 by line 3	5				
6 Enter 1% of net investment i	ncome (1% of Part I, line 27b)		6		
7 Add lines 5 and 6			7		
8 Enter qualifying distributions	from Part XII, line 4		8_		
If line 8 is equal to or greater Part VI instructions	r than line 7, check the box in Part VI,	line 1b, and complete that	part using a 1%	6 tax rate See t	he

		-3035			age 4
Part	VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - s	ee the in:	structions	5)	
1 a	Exempt operating foundations described in section 4940(d)(2), check here	.			
_	Date of ruling or determination letter: (attach copy of letter if necessary - see instr.)				
ь	Domestic foundations that meet the section 4940(e) requirements in Part V,	11			10.
	check here  and enter 1% of Part I, line 27b			. ,	
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, column (b).			4	- 3
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2			0.
3	Add lines 1 and 2	3			10.
_	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4			0.
	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5			10.
	Credits/Payments			- , -	
а	2009 estimated tax pmts and 2008 overpayment credited to 2009			,	
b	Exempt foreign organizations — tax withheld at source 6b			*,	
С	Tax paid with application for extension of time to file (Form 8868).  6c 10		1	` ; ;	'' سياس
d	Backup withholding erroneously withheld 6d				
7	Total credits and payments Add lines 6a through 6d	7			10.
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is attached	8			
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	<b>9</b>			0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid.	10			
11	Enter the amount of line 10 to be Credited to 2010 estimated tax  Refunded	<u>►</u> 11			
Part	VII-A Statements Regarding Activities		<del></del>	1 ٧	T
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		1	Yes a	X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?		1	b	X
	If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials or distributed by the foundation in connection with the activities	publishe	d		3 - N - N - N - N
	Did the foundation file Form 1120-POL for this year?		1	с	X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:  (1) On the foundation  (2) On foundation managers		0.	-	1 7
е	(1) On the foundation \( \bigs \) \( \bigs \) \( \bigs \) (2) On foundation managers \( \bigs \) \( \bigs \) Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax impositions.	ed on			
	foundation managers. > \$ 0.				- 3.55
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		_ 2		X
	If 'Yes,' attach a detailed description of the activities		, , ,	• 1	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, arti-	cles	_   _		1.30
4-	of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes		3	-	X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?  If 'Yes,' has it filed a tax return on Form 990-T for this year?			a N	X VA
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		X
•	If 'Yes,' attach the statement required by General Instruction T			+	A
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either.		å,	14 1 ' 1 1\(\sigma^2 \)	103
	By language in the governing instrument, or		200	. 7	1
	By state legislation that effectively amends the governing instrument so that no mandatory directions that	t conflict			2 40
	with the state law remain in the governing instrument?	Commet	6		X
7	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV		7	X	
8 a	Enter the states to which the foundation reports or with which it is registered (see the instructions)		_   [:]	·	
	N/A	<del></del>	_   -		1. 46
b	of the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If 'No,' attach explanation			_ ( ; ; ) <b>b</b> X	Carrier,
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)	or 4942			1
3	for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If 'Yes,' comp	lete Part	XIV 9	- 1	X
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing the and addresses	r names	10		x
BAA				990-PF	

form 990-PF (2009) THE MERCHANTS BONDING COMPANY FOUNDATION	26	<u>-30354</u>	59	P	age <b>5</b>
Part VII-A   Statements Regarding Activities Continued					
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		<u>x</u>
12 Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?			12		<u>x</u>
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption	n applic	ation?	13	X	
Website address ► N/A  14 The books are in care of ► LARRY TAYLOR Telephone	- – – - e no. ►	(515	243	 -817	<del></del>
Located at ► 2100 FLEUR DRIVE DES MOINES IA ZIP + 4 ►		321			
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here	. 1		N/A	. •	
and enter the amount of tax-exempt interest received or accrued during the year		15			N/A
Part VII-B   Statements Regarding Activities for Which Form 4720 May Be Required			Т	1	
File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.			ļ	Yes	No_
1 a During the year did the foundation (either directly or indirectly).		_	ļ.	٠.	
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes	XNo		,	. ,
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	Yes	XNo	,		
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes	X No			
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes	X No	-		
(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)?	Yes	XNo			1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1
			15.00	رد. درد	) , 4
(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days)	Yes	XNo		***	مه معمد
<b>b</b> If any answer is 'Yes' to 1a(1)-(6), did <b>any</b> 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 the instruct	ons)?		 1b	N.	Ã.
Organizations relying on a current notice regarding disaster assistance check here		► 🗌	٠.	1 1	e 3
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 2009?	•		1 c		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))			\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.	; , ,	
a At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009?	Yes	XNo		1.5	
If 'Yes,' list the years ► 20, 20, 20					ः ५
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 494: (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942 all years listed, answer 'No' and attach statement — see the instructions)		)	2 b	N	Ā
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years ▶ 20 , 20 , 20 , 20	here				,
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	Yes	X No		(4)	,
<b>b</b> If 'Yes,' did it have excess business holdings in 2009 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 approving 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	لـــا ۱		- 31°	N	//
determine if the foundation had excess business holdings in 2009)			3b	1	/A
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?			4a	ight an	X
<b>b</b> Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?			4b	- ;	,; X
BAA			Form <b>9</b> 9	0-PF	

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Part VII-B   Statements Regarding Activiti	es for Which Form	4720 May Be Requ	uired (continued)	
5a During the year did the foundation pay or incur (1) Carry on propaganda, or otherwise attemp	•	n (section 4945(e))?	Yes X	No .
(2) Influence the outcome of any specific publ	ic election (see section			
on, directly or indirectly, any voter registra  (3) Provide a grant to an individual for travel,		purposes?		No No
(4) Provide a grant to an organization other the in section 509(a)(1), (2), or (3), or section			Yes X	No
(5) Provide for any purpose other than religion educational purposes, or for the prevention	us, charitable, scientific n of cruelty to children	c, literary, or or animals?	Yes X	No .
<b>b</b> If any answer is 'Yes' to 5a(1)-(5), did <b>any</b> of the described in Regulations section 53 4945 or in (see instructions)?	the transactions fail to a current notice regard	qualify under the exception disaster assistance	tions	5b N/A
Organizations relying on a current notice regard	rding disaster assistand	ce check here	▶ [	н
c If the answer is 'Yes' to question 5a(4), does to tax because it maintained expenditure responsible 'Yes,' attach the statement required by Region 11 in the statement required by Region 12 in the statement requi	sibility for the grant?	•	N/A Yes	No Section 1
6a Did the foundation, during the year, receive ar on a personal benefit contract?	ny funds, directly or ind	irectly, to pay premium	Yes X	No
<b>b</b> Did the foundation, during the year, pay premi If 'Yes' to 6b, file Form 8870	ums, directly or indirec	tly, on a personal bene	fit contract?	6b X
7a At any time during the tax year, was the found	dation a party to a proh	iibited tax shelter transa	oction? Yes X	No Significant
b If yes, did the foundation receive any proceed				7b N/A
Part VIII Information About Officers, D	rectors, Trustees,	Foundation Manag	gers, Highly Paid I	mployees,
and Contractors  1 List all officers, directors, trustees, foundation	n managers and their	compensation (see inst	ructions)	
List an officers, directors, trustees, foundation	(b) Title and average	(c) Compensation	(d) Contributions to	(e) Expense account,
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	other allowances
SEE STATEMENT 2			Compensation	
<u> </u>		0.	0.	0.
2 Compensation of five highest-paid employee	es (other than those inc	cluded on line 1— see in	nstructions). If none, e	nter '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, other allowances
NONE				
Total number of other employees paid over \$50,000			• • • • • • • • • • • • • • • • • • •	1
BAA	TEEA0306L	07/06/09		Form <b>990-PF</b> (2009)

Form 990-PF (2009) THE MERCHANTS BONDING COMPANY FOUNDATION 26-303	
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid E	mployees,
and Contractors (continued)	<del></del>
3 Five highest-paid independent contractors for professional services — (see instructions). If none, enter 'NONE.'	
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	(c) compensation
Total number of others receiving over \$50,000 for professional services ▶	0
Part IX-A Summary of Direct Charitable Activities	
Liet the foundation's four largest direct charitable activities during the tay year. Include relevant statistical information such as the number of	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 N/A	
2	
3	
·	
4	
Part IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 N/A	Amount
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3	0.
BAA	Form <b>990-PF</b> (2009)

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Par	t X	reign	foundations,
1 a	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	
b	Average of monthly cash balances	1 b	127,821.
c	: Fair market value of all other assets (see instructions)	1 c	
c	Total (add lines 1a, b, and c)	1 d	127,821.
e	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	127,821.
4	Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	1,917.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	125,904.
6	Minimum investment return. Enter 5% of line 5	6	6,295.
Par	<b>TXI</b> Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating and certain foreign organizations check here ► and do not complete this pa		oundations
1		1 1	6,295.
	Tax on investment income for 2009 from Part VI, line 5	h _h	-, -, -, -, -, -, -, -, -, -, -, -, -, -
	Income tax for 2009 (This does not include the tax from Part VI)	- 7 [4	
	Add lines 2a and 2b	2c	10.
3		3	6,285.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	6,285.
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	6,285.
Par	Qualifying Distributions (see instructions)	1. [	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes Expenses, contributions, gifts, etc — total from Part I, column (d), line 26	1a	8,100.
	Program-related investments — total from Part IX-B	1Ь	
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:  a Suitability test (prior IRS approval required)	7 <u>3 </u> 3a	
ı	b Cash distribution test (attach the required schedule)	3ь	
4	Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	8,100.
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 (see instructions).	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	8,100.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whe qualifies for the section 4940(e) reduction of tax in those years	ther the	foundation
BA /			Form 990-PF (2009)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	<b>(c)</b> 2008	<b>(d)</b> 2009
1 Distributable amount for 2009 from Part XI, line 7	,			6,285.
2 Undistributed income, if any, as of the end of 2009.  a Enter amount for 2008 only		1,7,7	30.	0,283.
<b>b</b> Total for prior years 20 , 20 , 20	, , , , , , ,	0.	1	
3 Excess distributions carryover, if any, to 2009	-			- 1
<b>a</b> From 2004	'		-	
<b>b</b> From 2005			` <u>.</u>	
<b>c</b> From 2006			,	
<b>d</b> From 2007	• •,		• •	
e From 2008		,	,	
f Total of lines 3a through e	0.	1771,2 4		
4 Qualifying distributions for 2009 from Part		, , , ,		
XII, line 4 ► \$ 8,100.			المحالية المسائلة المناه	
a Applied to 2008, but not more than line 2a			30.	, , , , , , , , , , , , , , , , , , , ,
<ul> <li>Applied to undistributed income of prior years (Election required — see instructions)</li> </ul>	- ,	0.	- VI-	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
c Treated as distributions out of corpus (Election required – see instructions)	0.			
d Applied to 2009 distributable amount		1 663 64 546	Tu	6,285.
e Remaining amount distributed out of corpus	1,785.	1		
5 Excess distributions carryover applied to 2009	0.	ا سروس ا	1	0.
(If an amount appears in column (d), the same amount must be shown in column (a))	•	, - , - , - , - , - , - , - , - , - , -	,	n in the second
same amount must be shown in column (a)	,		· · · · · · · · · · · · · · · · · · ·	
6 Enter the net total of each column as indicated below:	- '.			
a Corpus Add lines 3f, 4c, and 4e. Subtract line 5	1,785.	100 m 100 100 100 100 100 100 100 100 10		Proceedings to the second
<b>b</b> Prior years' undistributed income Subtract	7 7 7 100	7, 19 0 7		
line 4b from line 2b	- N - N - N - N	0.	3 1 3 3 3 4 4	
c Enter the amount of prior years' undistribut- ed income for which a notice of deficiency has been issued, or on which the section				
4942(a) tax has been previously assessed		0.	- wyline 4 (6 P	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
d Subtract line 6c from line 6b. Taxable amount — see instructions.		0.	-,,,,	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
e Undistributed income for 2008 Subtract line 4a from line 2a. Taxable amount — see instructions	1, , , , , , , , , , , , , , , , , , ,		0.	
f Undistributed income for 2009 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2010.				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)	0.			
Excess distributions carryover from 2004 not applied on line 5 or line 7 (see instructions)	0.	Age of the second	विक्रिक्त विक्रिक्त	
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a	1,785.	, , , , , , , , , , , , , , , , , , ,	2	4 332 T 331
10 Analysis of line 9	1,783.	and the second of the second	A	The state of the s
a Excess from 2005				and the stand
b Excess from 2006	1 " 41 251 25	[16] [16] [16] [16]	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
c Excess from 2007			10000000000000000000000000000000000000	
d Excess from 2008.	مناهب وقت	1. 文字學 计正	· 流水、、下海水	
e Excess from 2009 1,785.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	De mi		""

Part XIV   Private Operating Foundation				26-3035459	N/A		
1 a If the foundation has received a ruling or d	etermination letter				M/ A		
is effective for 2009, enter the date of the	uling				4040()(5)		
b Check box to indicate whether the foundation 2a Enter the lesser of the adjusted net	on is a private ope Tax year	erating foundation	Prior 3 years	4942(j)(3) or	4942(j)(5)		
income from Part I or the minimum investment return from Part X for each year listed	(a) 2009	<b>(b)</b> 2008	(c) 2007	(d) 2006	(e) Total		
<b>b</b> 85% of line 2a							
c Qualifying distributions from Part XII, line 4 for each year listed		-					
d Amounts included in line 2c not used directly for active conduct of exempt activities	<del></del>						
<ul> <li>Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c</li> </ul>		_					
3 Complete 3a, b, or c for the alternative test relied upon							
a 'Assets' alternative test — enter							
(1) Value of all assets (2) Value of assets qualifying under							
section 4942(j)(3)(B)(i) <b>b</b> 'Endowment' alternative test — enter 2/3 of							
minimum investment return shown in Part X, line 6 for each year listed		<u> </u>					
c 'Support' alternative test — enter							
(1) Total support other than gross investment income (interest, dividends, rents, payments on 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 Information assets at any time during th	Complete this	part only if the	organization ha	ad \$5,000 or mor	e in		
Information Regarding Foundation Manage a List any managers of the foundation who have close of any tax year (but only if they have NONE  b List any managers of the foundation who compared to the foundation who c	ers: ave contributed m contributed more wn 10% or more of	ore than 2% of the than \$5,000) (Second the stock of a co	e section 507(d)(2) ) propretion (or an equ				
a partnership or other entity) of which the NONE	foundation has a 1	10% or greater inte	rest		·		
2 Information Regarding Contribution, Gran Check here X if the foundation only n	akes contributions	s to preselected ch	arıtable organization				
requests for funds. If the foundation make complete items 2a, b, c, and d	s giits, grants, etc,	, (see instructions)	to individuals or org	anizations under oth	er conditions,		
a The name, address, and telephone number of the person to whom applications should be addressed.							
<b>b</b> The form in which applications should be submitted and information and materials they should include:							
c Any submission deadlines:				· · · · · · · · · · · · · · · · · · ·			
d Any restrictions or limitations on awards, s	uch as by geograp	phical areas, charit	able fields, kinds of	institutions, or other	factors		

3 Grants and Contributions Paid During the Y	ear or Approved for Fut	ure Paymen	t	
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	substantial contributor	recipient		
a Paid during the year	}			
SEE STATEMENT 3				
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		1		
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	l	1	<u> </u>	0.100
Total		1	► 3a	8,100.
<b>b</b> Approved for future payment				1
	}			
		1		
			1	
			1	
			1	
		1	<u> </u>	
Total	- <del>-</del>		► 3b	

Page 12

Part XVI-A	Analysis	of Income	-Producing	<b>Activities</b>

Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded	by section 512, 513, or 514	
Program service revenue	(a) Business code	<b>(b)</b> Amount	(c) Exclu- sion code	(d) Amount	(e) Related or exempt function income (see the instructions)
ab	<del>                                     </del>	<del>.</del>	<u> </u>	<del></del>	<del></del>
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments		<u>. , ,, </u>	14	485.	
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate		- 1	<b>.</b>	, F	<u> 19</u>
a Debt-financed property	ļ				
<b>b</b> Not debt-financed property	ļ		1		
6 Net rental income or (loss) from personal property			<del>                                     </del>		
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory	6		+		
11 Other revenue		· dales			، حق
a	+ +				
D	+				
cd	<del></del>			<del></del>	
0		· · · · · · · · · · · · · · · · · · ·	-		
12 Subtotal Add columns (b), (d), and (e)	1: ,			485.	
13 Total. Add line 12, columns (b), (d), and (e)	<del></del>	· · · · · · · · · · · · · ·		13	485.
(See worksheet in the instructions for line 13 to verify of	calculations)				
(See worksheet in the instructions for line 13 to verify (	Jaiculations )				

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See the instructions)
N/A	
<del></del>	

Form **990-PF** (2009)

## Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

_			9								1	1	
	descr	ne organization ibed in section ng to political o	501(c) o	f the Code (	engage in other than	any of the section 50	e following w 01(c)(3) orga	rith any o anizations	ther organizations) or in section	on 527,		Yes	No
	<b>a</b> Trans	fers from the re	eporting	foundation to	o a noncha	arıtable ex	empt organi	zation of					
	<b>(1)</b> C	ash									1 a (1)		<u>X</u>
	<b>(2)</b> O	ther assets									1a (2)		<u>X</u>
	<b>b</b> Other	transactions:										-	'
	` '	ales of assets t									1 b (1)		X
	` '	urchases of ass				npt organiz	zation				1 b (2)		X
	<b>V-</b>	ental of facilitie		•	er assets						1 b (3)		X
	• •	eimbursement	•								1b (4)		X
	<b>、</b>	oans or loan gu									1 b (5)		X
<ul><li>(6) Performance of services or membership or fundraising solicitations</li><li>c Sharing of facilities, equipment, mailing lists, other assets, or paid employees</li></ul>									1b (6)		X		
	c Sharii	ng of facilities,	equipme	ent, mailing I	ists, other	assets, or	r paid emplo	yees			1c		X
	the a	oods, other ass	ets. or s	ervices aiver	n by the re	portina fo	undation If	the found	n <b>(b)</b> should alv lation received s, other assets,	less than fair m	arket value in	ue of	
	Line no	(b) Amount in			of noncharit				Description of tran			naement	s
	/A	(B) / in loan ( in	101104	(G) Hame	01 11011011011	asio onompt	or garnzacion	<del>                                     </del>	, <u> </u>	,	,	.9	
	,												
_											<del></del>		
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_				_								•	
			·										
			·										
	descr	foundation dire	501(c) o	f the Code (	liated with other than	, or relate section 5	d to, one or 01(c)(3)) or	more tax in section	-exempt organi 1 527?	zations	Yes	X	No
_	<u></u>	(a) Name of or			Τ (	( <b>b)</b> Type o	f organizatio	n	(0	c) Description o	f relationship		
N	/A	<u></u>	<u> </u>			<u> </u>	<u> </u>	<u> </u>	-3		.'		
							-	_					
					1								
							·						
	Under pena complete	alties of perjury, I de Declaration of prepa	clare that I rer (other th	have examined han taxpayer or f	this return, indicated the second	cluding accom ased on all inf	panying schedu formation of whice	les and state th preparer f	ements, and to the bonas any knowledge	est of my knowledge	and belief, it is true	e, correc	t, and
5 - Farm /com/ 18-9-10 - PR							► PRE	5DENZ					
SIG	Sign	ature of officer or tru	stee	· · · · · · · · · · · · · · · · · · ·				Date		Title			
G N	<u></u>	1	<del>-                                    </del>					Date			Preparer s Identify (See Signature in	ing num	ber
빍	Paid	Preparer's signature	At	N = 1	2 mb		LPA	7-	20~10	Check if self-			rs)
HERE	Pre-		<u> </u>		WITT CON				10	employed ►	P00089588		
-	parer's Use	Firm's name (or yours if self			WILSON			PLLC CTE 1	40	EIN ► 42-	0731256		
	Only	employed), address, and		NCY W. 5 DES MOI			N PKWY,	STE 1	.40	1	E1E 222 A	002	
_		ZIP code	MEDI	DEO MOI	MES, IA	30206	- O / I /			Phone no	<u>515-223-0</u>		(00000)
BA	AA										Form <b>99</b>	U-PF (	(2009)

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

Department of the Treasury Internal Revenue Service

#### **Schedule of Contributors**

► Attach to Form 990, 990-EZ, or 990-PF

OMB No 1545-0047

2009

Name of the organization		Employer identification fidinger
THE MERCHANTS BONDING COMPANY	FOUNDATION	26-3035459
Organization type (check one)		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust <b>not</b> treated 527 political organization	d as a private foundation
Form 990-PF	X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as 501(c)(3) taxable private foundation	a private foundation
Check if your organization is covered by the G Note: Only a section 501(c)(7), (8), or (10) org	general Rule or a Special Rule ganization can check boxes for both the General Rule a	and a Special Rule See instructions
General Rule –  X For an organization filing Form 990, 990-E contributor (Complete Parts I and II)	Z, or 990-PF that received, during the year, \$5,000 or	more (in money or property) from any one
Special Rules —		
509(a)(1)/170(b)(1)(A)(vi) and received from an	Form 990 or 990-EZ, that met the 33-1/3% support tes y one contributor, during the year, a contribution of the great or (ii) Form 990-EZ, line 1 Complete Parts I and II	t of the regulations under sections er of (1) \$5,000 or (2) 2% of the
For a section 501(c)(7), (8), or (10) organiaggregate contributions of more than \$1,0 prevention of cruelty to children or animal	zation filing Form 990 or 990-EZ, that received from an 00 for use <i>exclusively</i> for religious, charitable, scientific s Complete Parts I, II, and III	ny one contributor, during the year, c, literary, or educational purposes, or the
contributions for use <i>exclusively</i> for religion this box is checked, enter here the total contributions for use <i>exclusively</i> for religion this box is checked.	zation filing Form 990 or 990-EZ, that received from ar us, charitable, etc, purposes, but these contributions d ontributions that were received during the year for an e unless the <b>General Rule</b> applies to this organization b	lid not aggregate to more than \$1,000. If exclusively religious, charitable, etc.
religious, charitable, etc, contributions of	\$5,000 or more during the year	<b>▶</b> \$
990-PF) but it <b>must</b> answer 'No' on Part IV. In	by the General Rule and/or the Special Rules does not the 2 of their Form 990, or check the box on line H of its ng requirements of Schedule B (Form 990, 990-EZ, or	s Form 990-EZ, or on line 2 of its Form
BAA For Privacy Act and Paperwork Reductor Form 990, 990EZ, or 990-PF.	tion Act Notice, see the Instructions	<b>chedule B</b> (Form 990, 990-EZ, or 990-PF) (2009)

•			
Schedule Name of org	<b>B</b> (Form 990, 990-EZ, or 990-PF) (2009)	Page 1	of 1 of Part I
_	CRCHANTS BONDING COMPANY FOUNDATION	' '	35459
Part I	Contributors (see instructions )		
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	MERCHANTS BONDING COMPANY 2100 FLEUR DR	\$200,000.	Person X Payroll Noncash
	DES MOINES, IA 50321		(Complete Part II if there is a noncash contribution )
(a) Number	(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) Number	(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) Number	(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) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II if there is a noncash contribution )
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2009)

Person Payroll Noncash

(Complete Part II if there is a noncash contribution)

Schedule B	(Form 990, 990-EZ, or 990-PF) (2009)		Page 1	of	
lame of organ			_	1	tification number
THE MEE	CHANTS BONDING COMPANY FOUNDATION			<u> 26-3035</u>	459
Part II	Noncash Property (see instructions)				
(a) No. from Part I	(b) Description of noncash property given		(c FMV (or e (see insti	estimate) ructions)	(d) Date received
	N/A				
		\$_			
(a) No. from Part I	(b)  Description of noncash property given		(c FMV (or e (see insti	estimate) ructions)	(d) Date received
					<del></del>
		\$_	<del></del>		<del></del>
(a) No. from Part I	(b) Description of noncash property given		FMV (or e	c) estimate) ructions)	(d) Date received
		┢			
		}			
		\$_			<u></u>
(a) No. from Part I	(b)  Description of noncash property given		FMV (or o	estimate)	(d) Date received
		\$_			
(a) No. from Part I	(b)  Description of noncash property given		FMV (or ( (see inst	c) estimate) ructions)	(d) Date received
		-			
		1			
		\$_			
(a) No. from Part I	(b) Description of noncash property given		FMV (or o (see inst	c) estimate) ructions)	(d) Date received
		1			

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2009)

of 1

of Part III

THE MERCHANTS BONDING COMPANY FOUNDATION

Employer identification number

	RCHANTS BONDING COMPANY FOUNDATION	26-3035459
Part III	Exclusively religious, charitable, etc, individual contribut	tions to section 501(c)(7), (8), or (10)
	organizations aggregating more than \$1,000 for the year	(Complete cols (a) through (e) and the following line entry)

(a) o. from	(b) Purpose of gift	(c) Use of gift	(d)  Description of how gift is held
Part I N/A	va.pose or give		
	Transferee's name, address	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee
(a) b. from Part I	(b) Purpose of gift	(c) Use of gift	(d)  Description of how gift is held
	Transferee's name, address	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee
(2)	(b)	(c)	(d)
(a) . from art I	Purpose of gift	Use of gift	Description of how gift is held
		(e)	
	Transferee's name, address	Transfer of gift	Relationship of transferor to transferee
(a) . from Part I	(b) Purpose of gift	(c) Use of gift	(d)  Description of how gift is held
	Transferee's name, addres	Relationship of transferor to transferee	

2009 FEI	DERAL STATEMENTS		PA	GE 1
CLIENT 161921 THE MERCHAN	NTS BONDING COMPANY FOU	NDATION	26-3	035459
STATEMENT 1 FORM 990-PF, PART I, LINE 23 OTHER EXPENSES				08.01AN
SUPPLIES AND FEES TOT	(A) (B) NE EXPENSES INVESTME PER BOOKS INCOM \$ 143. AL \$ 143.	INT ADJUSTI IE <u>NET INCO</u> \$ 1	ED CHARIT	
STATEMENT 2 FORM 990-PF, PART VIII, LINE 1 LIST OF OFFICERS, DIRECTORS, TRUST	TITLE AND		TRI- EXP	
NAME AND ADDRESS			ON TO ACCO  & DC OT	UNT/ HER
LARRY TAYLOR 4710 MILLS CIVIC PKWY #1401 WEST DES MOINES, IA 50265	PRESIDENT & DIR \$ 0	0.\$	0. \$	0.
WILLIAM WARNER, JR 3917 155TH STREET URBANDALE, IA 50323	SEC. TREAS. DIR 0	0.	0.	0 .
MELISSA WARNER 4628 N AVENIDA DEL PUENTE PHOENIX, AZ 85018	DIRECTOR 0	0.	0.	0 .
JANET TAYLOR 7117 PELICAN BAY BLVD UNIT 607 NAPLES, FL 34108	DIRECTOR 0	0.	0.	0
LLOYD TAYLOR	DIRECTOR	0.	0.	0.
7117 PELICAN BAY BLVD UNIT 607 NAPLES, FL 34108	0			
7117 PELICAN BAY BLVD UNIT 607	DIRECTOR 0	0.	0.	0

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## **FEDERAL STATEMENTS**

PAGE 2

**CLIENT 161921** 

#### THE MERCHANTS BONDING COMPANY FOUNDATION

26-3035459

7/20/10

08 01AM

STATEMENT 3	
FORM 990-PF, PART XV, LINE 3A	
RECIPIENT PAID DURING THE YEA	R

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	AMOUNT
BLANK CHILDRENS HOSPITAL 1200 PLEASANT ST DES MOINES, IA 50309	NONE	PUBLIC	SUPPORTS THE HEALTH CARE NEEDS OF CHILDREN	\$ 500.
HOSPICE OF CENTRAL IOWA 2910 WESTOWN PARKWAY #200 WEST DES MOINES, IA 50266	NONE	PUBLIC	SUPPORTS QUALITY CARE FOR PATIENTS AND THEIR FAMILIES COPING WITH END-STAGE ILLNESSES.	1,000.
RIVERWOOD FOUNDATION 200 BUNKER HILL DRIVE AITKIN, MN 56431	NONE	PUBLIC	SUPPORTS A LOCAL HOSPITAL IN AITKIN, MN WHERE MERCHANTS OWNS PROPERTY.	250.
YOUTH HOMES OF MID AMERICA 7225 NW 58TH STREET JOHNSTON, IA 50131	NONE	PUBLIC	SUPPORTS A HOME FOR DISADVANTAGED YOUTH IN DES MOINES.	500.
BLANK PARK ZOO FOUNDATION, INC 7401 SW 9TH STREET DES MOINES, IA 50315	NONE	PUBLIC	SUPPORTS THE LOCAL ZOO IN DES MOINES	250.
DES MOINES SYMPHONY 221 WALNUT STREET DES MOINES, IA 50309	NONE	PUBLIC	SUPPORTS THE SYMPHONY IN DES MOINES.	500.
SALISBURY HOUSE FOUNDATION 4025 TONAWANDA DRIVE DES MOINES, IA 50312	NONE	PUBLIC	SALISBURY HOUSE IS AN HISTORIC MANSION IN DES MOINES. OUR DONATION SUPPORTS THE VARIOUS PROGRAMS THEY PUT ON THROUGHOUT THE YEAR.	250.
DES MOINES METRO OPERA 106 WEST BOSTON AVE INDIANOLA, IA 50125	NONE	PUBLIC	SUPPORTS THE OPERA IN DES MOINES.	200.

2009

## **FEDERAL STATEMENTS**

PAGE 3

**CLIENT 161921** 

#### THE MERCHANTS BONDING COMPANY FOUNDATION

26-3035459

7/20/10

08·01AM

STATEMENT 3 (CONTINUED)	
FORM 990-PF, PART XV, LINE 3A	
RECIPIENT PAID DURING THE YEA	R

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT		AMOUNT
DES MOINES METRO ARTS ALLIANCE 500 EAST LOCUST #201 DES MOINES, IA 50309	NONE	PUBLIC	SUPPORTS VARIOUS ARTS PROGRAMS THAT ARE PUT ON THROUGHOUT THE YEAR IN DES MOINES.	\$	250.
TERRACE HILL FOUNDATION 2300 GRAND AVE DES MOINES, IA 50312	NONE	PUBLIC	SUPPORTS THE UPKEEP OF THE GOVERNOR'S MANSION IN DES MOINES.		250.
CIVIC CENTER OF GREATER DES MOINES 221 WALNUT STREET DES MOINES, IA 50309	NONE	PUBLIC	SUPPORTS THE VARIOUS PROGRAMS AND SHOWS THAT ARE PUT ON THROUGHOUT THE YEAR.		2,500.
JUVENILE DIABETES JDRF 54444 NW 96TH STREET #A JOHNSTON, IA 50131	NONE	PUBLIC	SUPPORTS RESEARCH FOR A CURE FOR JUVENILE DIABETES.		250.
THE SURETY FOUNDATION 1101 CONNECTICUT AVENUE NW #800 WASHINGTON, DC 20036	NONE	PUBLIC	PROVIDES SCHOLARSHIPS FOR INDIVIDUALS INTERESTED IN PURSUING A CAREER IN SURETY.		1,000.
IOWA COLLEGE FOUDATION 505 5TH AVENUE #1034 DES MOINES, IA 50309	NONE	PUBLIC	PROVIDES STUDENTS WITH THE OPPORTUNITY FOR A HIGH QUALITY EDUCATION BY SECURING FINANCIAL RESOURCES FOR MEMBER PRIVATE COLLEGES AND UNIVERSITIES.		400.
			TOTAL	<u>\$</u>	8,100.

## 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

Form 8868 (Rev. 4-2009)

<ul><li>If you are</li></ul>	filing for an Automatic 3-Month E	xtension, complete only Part I and check this box	<b>.</b>		► X		
• If you are	filing for an Additional (Not Auto	matic) 3-Month Extension, complete only Part II(	on page 2 of the	s form)	_		
Do not compl	<i>lete Part II unless</i> you have alread	y been granted an automatic 3-month extension o	on a previously f	iled Form 8868			
Part I A	utomatic 3-Month Extension	on of Time. Only submit original (no copi	es needed).				
			•				
A corporation	required to file Form 990-T and r	equesting an automatic 6-month extension – chec	ck this box and o	complete Part I only	▶ 🗌		
All other corp		partnerships, REMICS, and trusts must use Form	7004 to request	an extension of tim	e to file		
		ectronically file Form 8868 if you want a 3-month a	uitomatic extens	uon of time to file or	no of the		
returns noted the additional Form 990-T I	(not automatic) 3-month extension	n required to file Form 990-T) However, you cann on or (2) you file Forms 990-BL, 6069, or 8870, gro completed and signed page 2 (Part II) of Form 88	ot file Form 8866 oup returns, or a	8 electronically if (1) composite or consc	you want		
	Name of Exempt Organization			Employer identification r	number		
Type or			,,,,				
print					26-3035459		
File by the					120-3033433		
due date for filing your	2100 FLEUR DRIVE						
ictuiii See L	City, town or post office, state, and ZIP code	For a foreign address, see instructions		<u> </u>			
	DES MOINES, IA 50321	•					
		e application for each return):		· · · · · ·			
Form 990	heck type of return to be filed (file a separate application for each return):  Form 990  Form 990-T (corporation)						
H-1		Form 990-T (section 401(a) or 408(a) trust)	Form 522				
H-1			Form 606				
[X] 1 01111 990		TOTAL TOTAL	Form 887				
The books	are in the care of ► LARRY TA	AYLOR					
	(515) 040 0171						
	No $\sim (515) = 243 - 8171 = 100$	FAX No -			. $\Box$		
_		or place of business in the United States, check the			▶ 📙		
	·	nization's four digit Group Exemption Number (GE					
check this	s box 🕨 🔝 If it is for part of th	ie group, check this box 🕒 🔲 and attach a list w	vith the names a	and EINs of all memi	oers		
	sion will cover			<del></del>			
•	•	s for a corporation required to file Form 990-T) ex					
_		he exempt organization return for the organization	n named above				
	ension is for the organization's re	turn for.					
► <u>X</u>	calendar year 20 <u>09</u> or						
<b>&gt;</b>	tax year beginning	, 20, and ending, 20					
2 If this to	ax year is for less than 12 months	, check reason 🔲 Initial return 📗 Final r	return 🔲 C	Change in accounting	j period		
3a If this a nonrefu	pplication is for Form 990-BL, 990 indable credits. See instructions.	0-PF, 990-T, 4720, or 6069, enter the tentative tax	, less any	3a \$	10.		
	pplication is for Form 990-PF or 9 include any prior year overpayme	90-T, enter any refundable credits and estimated at allowed as a credit	tax payments	3ь\$	0.		
c Balance deposit See ins	e Due. Subtract line 3b from line 3 with FTD coupon or, if required, tructions	la. Include your payment with this form, or, if requive using EFTPS (Electronic Federal Tax Payment	ured, System)	3c \$	10.		
Caution. If yo		c fund withdrawal with this Form 8868, see Form 8	8453-EO and Fo	rm 8879-EO for	_		

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.