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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

2009

OMB No 1545-0052

FO	r ca	iendar j	year 2009, or tax	x year beg	inning	, a	na enaing			
G	Che	eck all ti	hat apply:	Initial	return	Initial return of a for	mer public cha	rity	Final re	turn
				Amer	nded return	Address change	☐ Na	me c	hange	
-u	se t	ne IRS	Name of foundation					A	mployer identification nu	mber
_		oel.			roup Foundation	FKA The Motorists	Insurance Com		31-1712	_
(Othe	rwise,				elivered to street address)	Room/suite		elephone number (see pag	
		int	471 East Broad			,			614/225-	· ·
	or t		City or town, state, a					C #	exemption application is pe	
		pecific ctions.	Columbus	and En Oodc		ОН	43215-3861	l .		
				Section	on 501(c)(3) eve	mpt private foundate		7	Foreign organizations, che	
Ē	l Se	ction 49	947(a)(1) nonexe	mpt charita	ble trust	Other taxable private	foundation	1	 Foreign organizations meet check here and attach cor 	
<u> </u>							 		private foundation status w	as terminated
'			t value of all asse <i>m Part II, col. (c)</i>		J Accounting Other (sp		n Accrual		nder section 507(b)(1)(A), c	
		16) ►		, 13 <i>1</i> /3/	(Part I. column (d) must be on cash bas	sis)		the foundation is in a 60-minder section 507(b)(1)(B), o	
Pa	rt I		ysis of Revenue				<u> </u>		1	(d) Disbursements
1 6	щч		ts ın columns (b), (c), a	•		(a) Revenue and expenses per	(b) Net investm	ent	(c) Adjusted net	for chantable
			ounts in column (a) (s			books	ıncome		ıncome	purposes
	4					101 122				(cash basis only)
	1 2		outions, gifts, grants, e			191,122			 	
	3		st on savings and t	•		676		676		
	1		ends and interest from			745		745	 	
(5	a Gross		om secunde	s			740		
1	"		ntal income or (los	c\					-	
	6		ain or (loss) from sa	·	not on line 10	203,316				
	ľ		sales price for all asse		396,128	200,010				
	7		al gain net income (20:	3,316		
	8		nort-term capital ga		, 2, .		200	,,,,,,,	0	
	9		e modifications .			· · ·				
	l		sales less returns and		Ι ο					
			Cost-of-goods sold		, o					
			profit or (loss) (atta		e)	0				
	11		ıncome (attach sch			0		0	0	
	12		Add lines 1 through		n ičši .	395,859	204	1,737	0	
三人	13		ensation of officers	المرم	··/ • • • • • • • • • • • • • • • • • •	000,000		.,		
se	14		employee salanes							
-შ	15		on plans, employee							
<u>-</u> χ	16		fees (attach sched			0		0	0	0
쏓		_	inting fees (attach s	•		0		0	0	0
₹			professional fees (dule)	74		74	.0	0
<u>a</u>	17	Interes	·							
ī.s	18	Taxes (attach schedule) (see	page 14 of the	instructions)	0		0	0	0
Ę	19	Depre	ciation (attach sche	edule) and d	epletion	0		0	0	j
49	20	Occup	ancy							
A	21	Travel	, conferences, and	meetings						
ž	22	Printin	g and publications							
В	23	Other	expenses (attach s	schedule) .		0		0	0	0
Ë	24	Total	operating and adr	ministrative	expenses.					
ra			nes 13 through 23			74		74	0	0
Operating and Administrative	25	Contri	butions, gifts, grant	ts paid .		482,057				482,057
_	26	Total e	xpenses and disburs	sements. Add	lines 24 and 25	482,131		74	0	482,057
	27	Subtra	ct line 26 from line	12:						
			of revenue over exp			-86,272				
			vestment income				204	,663		
		c Adjus	ted net income (if	negative, er	nter -0-)				O	

For Privacy Act and Paperwork Reduction Act Notice, see page 30 of the instructions.

orm 990-PF (2009)	The Motorists Insurance Group	Foundation FKA	The Motorists Insurance	Companies Foundation	2343	Page 2

Pέ	rt II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	of year
		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	25,114	43,169	43,169
	2	Savings and temporary cash investments	151,994	47,667	47,667
	3	Accounts receivable 0			
		Less: allowance for doubtful accounts	0	0	0
	4	Pledges receivable 0			
		Less: allowance for doubtful accounts	0	0	0
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see page 15 of the			
		ınstructions)	0	0	0
	7	Other notes and loans receivable (attach schedule)		_	
Ś		Less allowance for doubtful accounts	0	0	0
Assets	8	Inventories for sale or use			
ĄS	9	Prepaid expenses and deferred charges			
•	10 a	a Investments—U S and state government obligations (attach schedule)	0	0	0
		b Investments—corporate stock (attach schedule)	78,549	78,549	43,598
	l	c Investments—corporate bonds (attach schedule)	0	0	0
	11	Investments—land, buildings, and equipment basis			
	•	Less accumulated depreciation (attach schedule)	0	0	0
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)	0	0	0
	14	Land, buildings, and equipment: basis	-	<u>~</u>	<u>_</u>
	'		0	0	0
	15	Less accumulated depreciation (attach schedule)	0	0	
	ı	Other assets (describe	<u> </u>	U	0
	16	Total assets (to be completed by all filers—see the	055 057	400 005	404 404
	47	ınstructions. Also, see page 1, item I)	255,657	169,385	134,434
	17	Accounts payable and accrued expenses			
S	18	Grants payable			
Liabilities	19	Deferred revenue			
豆	20	Loans from officers, directors, trustees, and other disqualified persons	0	0	
<u>.e</u>	21	Mortgages and other notes payable (attach schedule)	0	0	
	22	Other liabilities (describe)	0	0	
	23	Total liabilities (add lines 17 through 22)	0	0	
		Foundations that follow SFAS 117, check here			
nces		and complete lines 24 through 26 and lines 30 and 31.			
2	24	Unrestricted			
<u>=</u>	25	Temporanly restricted			
ä	26	Permanently restricted			
g		Foundations that do not follow SFAS 117, check here	-		
Assets or Fund Bala		and complete lines 27 through 31.			
7	27	Capital stock, trust principal, or current funds			
ģ	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
šet	29	Retained earnings, accumulated income, endowment, or other funds	255,657	169,385	
Š	30	Total net assets or fund balances (see page 17 of the			
, t		instructions)	255,657	169,385	1
Net	31	Total liabilities and net assets/fund balances (see page 17	-201001	. 50,000	į
		of the instructions)	255,657	169,385	
Pa	t III	Analysis of Changes in Net Assets or Fund Balances	200,007	100,000	
		net assets or fund balances at beginning of year—Part II, column (a), line	30 (must agree with		
•		of-year figure reported on prior year's return)	•		255,657
2		amount from Part I, line 27a			-86,272
		_			-00,272
					
		nes 1, 2, and 3			169,385
j	Decre	eases not included in line 2 (itemize)	-l	5	0
0	rotai	net assets or fund balances at end of year (line 4 minus line 5)—Part II, or	olumn (b), line 30 .	6	169,385

Capital Gains and	Losses for lax on investing			
• •	kind(s) of property sold (e.g., real estate, , or common stock, 200 shs MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, ут)
1a Apple Inc		D	10/29/2009	11/4/2009
b	·	<u>. </u>		
<u>c</u>				
d e				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		n or (loss) f) minus (g)
a 396,128	0	192,812		203,316
b 0	0	0		0
c 0	0	0		0
d 0	0	0		0
	ng gain in column (h) and owned by	<u>_</u>	//\ Gains (Col	(h) gain minus
(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	col (k), but no	t less than -0-) or rom col (h))
a 0	0	0		203,316
b 0	0	0		0
c 0	0	0		0
d 0	0	0		0
	(If gain, also	enter in Part I, line 7		
2 Capital gain net income or (n		er -0- in Part I, line 7	2	203,316
_	r (loss) as defined in sections 13 ne 8, column (c) (see pages 13	222(5) and (6):		
instructions). If (loss), enter-		<u> </u>	3	203,316
Part V Qualification Unde (For optional use by domestic pri				
f section 4940(d)(2) applies, lear Was the foundation liable for the f "Yes," the foundation does not	section 4942 tax on the distribu	Do not complete this part.		
(a)	The each column for each year	, see page 16 of the instruc	lions before makin	(d)
Base penod years	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use a	Dist	nbution ratio
Calendar year (or tax year beginning in)	 	-	(col (b) (divided by col (c))
2008 2007	419,71 463,86		2,515 7,074	1.974971
2007	393,47		3,016	2.240083 1.555143
2005	355,91		3,801	1.555561
2004	359,63		5,198	1.931460
2 Total of line 1, column (d)			. 2	9.257218
3 Average distribution ratio for the number of years the foun	the 5-year base period—divide dation has been in existence if			1.851444
4 Enter the net value of noncha	aritable-use assets for 2009 fror	n Part X, line 5	. 4	193,136
5 Multiply line 4 by line 3			. 5	357,580
6 Enter 1% of net investment in	ncome (1% of Part I, line 27b)		. 6	2,047
7 Add lines 5 and 6			1 1	
			7	359,627

Fo	rm 990-PF (2009). The Motorists Insurance Group Foundation FKA The Motorists Insurance Companies Foundation '1	2343	P	age 4
Р	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the	e ins	tructi	ions)
1	a Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1.)			
	Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)			
	b Domestic foundations that meet the section 4940(e) requirements in Part V, check	2	2,047	
	here ▶ 💢 and enter 1% 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, col. (b)		_	
2			0	
3	Add lines 1 and 2		2,047	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2,047	\vdash
5 6			2,047	$\vdash \neg$
U	a 2009 estimated tax payments and 2008 overpayment credited to 2009 . 6a 981			
	b Exempt foreign organizations—tax withheld at source			
	c Tax paid with application for extension of time to file (Form 8868)			
	d Backup withholding erroneously withheld 6d			
7			981	
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached		0	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		1,066	
10			0	
11			0	
P	art VII-A Statements Regarding Activities			
1	a Dunng the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1a		X
	b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the			
	instructions for definition)?	1b		<u> </u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	1		
	published or distributed by the foundation in connection with the activities.	<u> </u>		لبيا
	c Did the foundation file Form 1120-POL for this year?	1c	-	X,
	d 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	1		
	(1) On the foundation. \$ 0 (2) On foundation managers. \$ 0 (2) On foundation managers.	Ì		
	on foundation managers \blacktriangleright \$ 0			
2		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 instrument, articles			
-	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		Х
	b If "Yes," has it filed a tax return on Form 990-T for this year?	4b	N/A	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		<u>X</u>
	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 either:			
	By language in the governing instrument, or	'		
	By state legislation that effectively amends the governing instrument so that no mandatory directions that are flow with the above are an entire accordance instrument?			
7	that conflict with the state law remain in the governing instrument?	7	X	
7	a Enter the states to which the foundation reports or with which it is registered (see page 19 of the	-	-	Ь
J	instructions) ► OH			
	b If 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	8b		
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)			
-	or 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page 27)?			
	If "Yes," complete Part XIV	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing			
	the sure and addresses	40	Y	l

Form	990-PF (2009), The Motorists Insurance Group Foundation FKA The Motorists Insurance Companies Foundation	2343	Р	age 5
Par	t 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 page 20 of the instructions)	11		_x
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
14	Website address			 ·
15	Located at ► 471 East Broad Street Columbus OH ZIP+4 ► 43215-386 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here	<u> </u>		
	and enter the amount of tax-exempt interest received or accrued during the year		_	
Pa	rt 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?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(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.)			
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)?	1b	N/A	
С	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?	1c		
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)):			
а	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?			
b	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)			
	to all years listed, answer "No" and attach statement—see page 20 of the instructions.)	2b	N/A	 -
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. 20, 20, 20			
За	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?			
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 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 2009.)	3b	N/A	
la	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 had not been removed from jeopardy before the first day of the tax year beginning in 2009?	4b		X
	Feb. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	لتنب		

	n 990-PF (2069) , The Motorists Insurance Gro				ion 2343	Page 6
	rt VII-B Statements Regarding Activiti		n 4720 May Be R	equired (continued)		
5a	During the year did the foundation pay or incur any					
	(1) Carry on propaganda, or otherwise attempt t	o influence legislation	(section 4945(e))? .	Yes X	No	
	(2) Influence the outcome of any specific public	•	955), or to carry			
	on, directly or indirectly, any voter registratio	n drive?		· · · LYes X	No	
	(3) Provide a grant to an individual for travel, stu	ıdy, or other similar pui	rposes?	Yes X	No	
	(4) Provide a grant to an organization other than	a charitable, etc., orga	anization described			
	in section 509(a)(1), (2), or (3), or section 49	40(d)(2)? (see page 22	of the instructions)	··· Yes 🔀	No	
	(5) Provide for any purpose other than religious,	charitable, scientific, li	iterary, or			
	educational purposes, or for the prevention of		•	Yes X	No	
b	If any answer is "Yes" to 5a(1)-(5), did any of the	transactions fail to qua	lify under the exception			
_	Regulations section 53.4945 or in a current notice		-		5b	N/A
	Organizations relying on a current notice regarding	-				1,000
_	If the answer is "Yes" to question 5a(4), does the f					
·	tax because it maintained expenditure responsibility	•	odon from the	□v _{ss} □	No	
	If "Yes," attach the statement required by Regulati		 i(d)	Yes	NO	
6-			• •			
va	Did the foundation, during the year, receive any fur premiums on a personal benefit contract?	nas, airectly or indirect	iy, to pay			
L	·				No	
D	Did the foundation, during the year, pay premiums If "Yes" to 6b. file Form 8870.	, directly or indirectly, o	on a personal benefit	contract?	. 6b	
_	,					
	At any time during the tax year, was the foundation	· · ·			No	
	If yes, did the foundation receive any proceeds or				. 7b	<u> </u>
Р	art VIII Information About Officers,	Directors, Truste	es, Foundation	Managers, Highly Paid	l Employ	ees,
	and Contractors					
1	List all officers directors trustoes found	ation managara an	d 46-1			_ \
<u> </u>	List all officers, directors, trustees, found				nstruction	is).
·		(b) Title, and average	(c) Compensation	(d) Contributions to		se account,
	(a) Name and address				(e) Expens	
		(b) Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans	(e) Expens	se account,
Joh	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expens	se account,
Joh 471	(a) Name and address	(b) Title, and average hours per week devoted to position Trustee-parttime	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expens	se account, owances
Joh 471 The	(a) Name and address n J Bishop East Broad ST Columbus OH 43215	(b) Title, and average hours per week devoted to position Trustee-parttime .00	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expens	se account, owances
Joh 471 Tho 471	(a) Name and address n J Bishop East Broad ST Columbus OH 43215 mas C Ogg	(b) Title, and average hours per week devoted to position Trustee-parttime .00 Trustee-parttime	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expens	se account, owances
Joh 471 Tho 471 Mic	(a) Name and address In J Bishop East Broad ST Columbus OH 43215 Imas C Ogg East Broad ST Columbus OH 43215	(b) Title, and average hours per week devoted to position Trustee-parttime .00 Trustee-parttime	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expens	se account, owances
Joh 471 Tho 471 Mic 471	(a) Name and address IN J Bishop East Broad ST Columbus OH 43215 Imas C Ogg East Broad ST Columbus OH 43215 Hael L Wiseman	(b) Title, and average hours per week devoted to position Trustee-parttime .00 Trustee-parttime .00 Trustee-parttime	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expens	se account, owances 0
Joh 471 Tho 471 Mic 471 Sus	(a) Name and address In J Bishop East Broad ST Columbus OH 43215 Imas C Ogg East Broad ST Columbus OH 43215 hael L Wiseman East Broad ST Columbus OH 43215	(b) Title, and average hours per week devoted to position Trustee-parttime .00 Trustee-parttime .00 Trustee-parttime .00	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expens	se account, owances 0
Joh 471 Tho 471 Mic 471 Sus 471	(a) Name and address In J Bishop East Broad ST Columbus OH 43215 Imas C Ogg East Broad ST Columbus OH 43215 hael L Wiseman East Broad ST Columbus OH 43215 isan E Haack East Broad ST Columbus OH 43215	(b) Title, and average hours per week devoted to position Trustee-parttime .00 Trustee-parttime .00 Trustee-parttime .00 Trustee-parttime .00 Trustee-parttime	(c) Compensation (If not paid, enter -0-) 0	(d) Contributions to employee benefit plans and deferred compensation 0 0 0	(e) Expens other all	se account, owances 0 0 0
Joh 471 Tho 471 Mic 471 Sus 471	(a) Name and address In J Bishop East Broad ST Columbus OH 43215 Imas C Ogg East Broad ST Columbus OH 43215 hael L Wiseman East Broad ST Columbus OH 43215 san E Haack	(b) Title, and average hours per week devoted to position Trustee-parttime .00 Trustee-parttime .00 Trustee-parttime .00 Trustee-parttime .00 Trustee-parttime	(c) Compensation (If not paid, enter -0-) 0	(d) Contributions to employee benefit plans and deferred compensation 0 0 0	(e) Expens other all	se account, owances 0 0 0
Joh 471 Tho 471 Mic 471 Sus 471	(a) Name and address n J Bishop East Broad ST Columbus OH 43215 mas C Ogg East Broad ST Columbus OH 43215 hael L Wiseman East Broad ST Columbus OH 43215 can E Haack East Broad ST Columbus OH 43215 Compensation of five highest-paid employ	(b) Title, and average hours per week devoted to position Trustee-parttime .00 Trustee-parttime .00 Trustee-parttime .00 Trustee-parttime .00 Vees (other than the	(c) Compensation (If not paid, enter -0-) 0 0 0 ose included on li	(d) Contributions to employee benefit plans and deferred compensation 0 0 0 ne 1—see page 23 of the	(e) Expens other all	owances 0 0 0 0 ons).
Joh 471 Tho 471 Mic 471 Sus 471 2	(a) Name and address n J Bishop East Broad ST Columbus OH 43215 mas C Ogg East Broad ST Columbus OH 43215 hael L Wiseman East Broad ST Columbus OH 43215 can E Haack East Broad ST Columbus OH 43215 Compensation of five highest-paid employ	(b) Title, and average hours per week devoted to position Trustee-parttime .00 Trustee-parttime .00 Trustee-parttime .00 Trustee-parttime .00 Trustee-parttime .00 Trustee-parttime .00	(c) Compensation (If not paid, enter -0-) 0 0 0 ose included on li	(d) Contributions to employee benefit plans and deferred compensation 0 0 0 ne 1—see page 23 of the	(e) Expens other all instructio	owances 0 0 0 0 ons).
Joh 471 Tho 471 Mic 471 Sus 471 2	(a) Name and address In J Bishop East Broad ST Columbus OH 43215 Imas C Ogg East Broad ST Columbus OH 43215 hael L Wiseman East Broad ST Columbus OH 43215 san E Haack East Broad ST Columbus OH 43215 Compensation of five highest-paid employ If none, enter "NONE."	(b) Title, and average hours per week devoted to position Trustee-parttime .00 Trustee-parttime .00 Trustee-parttime .00 Trustee-parttime .00 Trustee-parttime .00 Trustee-parttime .00	(c) Compensation (If not paid, enter -0-) 0 0 0 ose included on li	(d) Contributions to employee benefit plans and deferred compensation 0 0 0 0 ne 1—see page 23 of the (d) Contributions to employee benefit plans and deferred	(e) Expens other all instructio	owances 0 0 0 0 ons).
Joh 471 Tho 471 Mic 471 Sus 471 2	(a) Name and address In J Bishop East Broad ST Columbus OH 43215 Imas C Ogg East Broad ST Columbus OH 43215 hael L Wiseman East Broad ST Columbus OH 43215 Image: East Broad ST Columbus OH 43215 Image: East Broad ST Columbus OH 43215 Image: East Broad ST Columbus OH 43215 Compensation of five highest-paid employers of the standard employers of the standard employers of each employee paid more than \$50,000.	(b) Title, and average hours per week devoted to position Trustee-parttime .00 Trustee-parttime .00 Trustee-parttime .00 Trustee-parttime .00 (b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-) 0 0 0 ose included on li	(d) Contributions to employee benefit plans and deferred compensation 0 0 0 ne 1—see page 23 of the	(e) Expens other all instructio	owances 0 0 0 0 ons).
Joh 471 Tho 471 Mic 471 Sus 471 2	(a) Name and address In J Bishop East Broad ST Columbus OH 43215 Imas C Ogg East Broad ST Columbus OH 43215 hael L Wiseman East Broad ST Columbus OH 43215 Image: East Broad ST Columbus OH 43215 Image: East Broad ST Columbus OH 43215 Image: East Broad ST Columbus OH 43215 Compensation of five highest-paid employers of the standard employers of the standard employers of each employee paid more than \$50,000.	(b) Title, and average hours per week devoted to position Trustee-parttime .00 Trustee-parttime .00 Trustee-parttime .00 Trustee-parttime .00 (b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-) 0 0 0 ose included on li	(d) Contributions to employee benefit plans and deferred compensation 0 0 0 0 ne 1—see page 23 of the (d) Contributions to employee benefit plans and deferred	(e) Expens other all instructio	owances 0 0 0 0 ons).
Joh 471 Tho 471 Mic 471 Sus 471 2	(a) Name and address In J Bishop East Broad ST Columbus OH 43215 Imas C Ogg East Broad ST Columbus OH 43215 hael L Wiseman East Broad ST Columbus OH 43215 Image: East Broad ST Columbus OH 43215 Image: East Broad ST Columbus OH 43215 Image: East Broad ST Columbus OH 43215 Compensation of five highest-paid employers of the standard employers of the standard employers of each employee paid more than \$50,000.	(b) Title, and average hours per week devoted to position Trustee-parttime .00 Trustee-parttime .00 Trustee-parttime .00 Trustee-parttime .00 (b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-) 0 0 0 ose included on li	(d) Contributions to employee benefit plans and deferred compensation 0 0 0 0 ne 1—see page 23 of the (d) Contributions to employee benefit plans and deferred	(e) Expens other all instructio	owances 0 0 0 0 ons).
Joh 471 Tho 471 Mic 471 Sus 471 2	(a) Name and address In J Bishop East Broad ST Columbus OH 43215 Imas C Ogg East Broad ST Columbus OH 43215 hael L Wiseman East Broad ST Columbus OH 43215 Image: East Broad ST Columbus OH 43215 Image: East Broad ST Columbus OH 43215 Image: East Broad ST Columbus OH 43215 Compensation of five highest-paid employers of the standard employers of the standard employers of each employee paid more than \$50,000.	(b) Title, and average hours per week devoted to position Trustee-parttime .00 Trustee-parttime .00 Trustee-parttime .00 Trustee-parttime .00 (b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-) 0 0 0 ose included on li	(d) Contributions to employee benefit plans and deferred compensation 0 0 0 0 ne 1—see page 23 of the (d) Contributions to employee benefit plans and deferred	(e) Expens other all instructio	owances 0 0 0 0 ons).
Joh 471 Tho 471 Mic 471 Sus 471 2	(a) Name and address In J Bishop East Broad ST Columbus OH 43215 Imas C Ogg East Broad ST Columbus OH 43215 hael L Wiseman East Broad ST Columbus OH 43215 Image: East Broad ST Columbus OH 43215 Image: East Broad ST Columbus OH 43215 Image: East Broad ST Columbus OH 43215 Compensation of five highest-paid employers of the standard employers of the standard employers of each employee paid more than \$50,000.	(b) Title, and average hours per week devoted to position Trustee-parttime .00 Trustee-parttime .00 Trustee-parttime .00 Trustee-parttime .00 (b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-) 0 0 0 ose included on li	(d) Contributions to employee benefit plans and deferred compensation 0 0 0 0 ne 1—see page 23 of the (d) Contributions to employee benefit plans and deferred	(e) Expens other all instructio	owances 0 0 0 0 ons).
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Joh 471 Tho 471 Mic 471 Sus 471 2	(a) Name and address In J Bishop East Broad ST Columbus OH 43215 Imas C Ogg East Broad ST Columbus OH 43215 hael L Wiseman East Broad ST Columbus OH 43215 Image: East Broad ST Columbus OH 43215 Image: East Broad ST Columbus OH 43215 Image: East Broad ST Columbus OH 43215 Compensation of five highest-paid employers of the standard employers of the standard employers of each employee paid more than \$50,000.	(b) Title, and average hours per week devoted to position Trustee-parttime .00 Trustee-parttime .00 Trustee-parttime .00 Trustee-parttime .00 (b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-) 0 0 0 ose included on li	(d) Contributions to employee benefit plans and deferred compensation 0 0 0 0 ne 1—see page 23 of the (d) Contributions to employee benefit plans and deferred	(e) Expens other all instructio	owances 0 0 0 0 ons).
Joh 471 Tho 471 Mic 471 Sus 471 2	(a) Name and address In J Bishop East Broad ST Columbus OH 43215 Imas C Ogg East Broad ST Columbus OH 43215 hael L Wiseman East Broad ST Columbus OH 43215 Image: East Broad ST Columbus OH 43215 Image: East Broad ST Columbus OH 43215 Image: East Broad ST Columbus OH 43215 Compensation of five highest-paid employers of the standard employers of the standard employers of each employee paid more than \$50,000.	(b) Title, and average hours per week devoted to position Trustee-parttime .00 Trustee-parttime .00 Trustee-parttime .00 Trustee-parttime .00 (b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-) 0 0 0 ose included on li	(d) Contributions to employee benefit plans and deferred compensation 0 0 0 0 ne 1—see page 23 of the (d) Contributions to employee benefit plans and deferred	(e) Expens other all instructio	owances 0 0 0 0 ons).
Joh 471 Tho 471 Mic 471 Sus 471 2	(a) Name and address In J Bishop East Broad ST Columbus OH 43215 Imas C Ogg East Broad ST Columbus OH 43215 hael L Wiseman East Broad ST Columbus OH 43215 Image: East Broad ST Columbus OH 43215 Image: East Broad ST Columbus OH 43215 Image: East Broad ST Columbus OH 43215 Compensation of five highest-paid employers of the standard employers of the standard employers of each employee paid more than \$50,000.	(b) Title, and average hours per week devoted to position Trustee-parttime .00 Trustee-parttime .00 Trustee-parttime .00 Trustee-parttime .00 (b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-) 0 0 0 ose included on li	(d) Contributions to employee benefit plans and deferred compensation 0 0 0 0 ne 1—see page 23 of the (d) Contributions to employee benefit plans and deferred	(e) Expens other all instructio	owances 0 0 0 0 ons).
Joh 471 Tho 471 Mic 471 Sus 471 2	(a) Name and address In J Bishop East Broad ST Columbus OH 43215 Imas C Ogg East Broad ST Columbus OH 43215 hael L Wiseman East Broad ST Columbus OH 43215 Image: East Broad ST Columbus OH 43215 Image: East Broad ST Columbus OH 43215 Image: East Broad ST Columbus OH 43215 Compensation of five highest-paid employers of the standard employers of the standard employers of each employee paid more than \$50,000.	(b) Title, and average hours per week devoted to position Trustee-parttime .00 Trustee-parttime .00 Trustee-parttime .00 Trustee-parttime .00 (b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-) 0 0 0 ose included on li	(d) Contributions to employee benefit plans and deferred compensation 0 0 0 0 ne 1—see page 23 of the (d) Contributions to employee benefit plans and deferred	(e) Expens other all instructio	owances 0 0 0 0 ons).

Form 990-PF (2009) , The Motorists Insurance Group Foundation FKA The Motorists Insurance Companies Foundation	dation 712343 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly P	
and Contractors (continued)	
3 Five highest-paid independent contractors for professional services (see page 23 of the instructions). If none, e	nter "NONE."
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	<u> </u>
	0
	0
	0
	<u> </u>
	0
Tetal number of others receiving over \$50,000 for professional consists	
Total number of others receiving over \$50,000 for professional services	· · · · · • 0
Part IX-A Summary of Direct Charitable Activities	
List the formal transfer of the state of the	
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 None	-
1 Note	
	-
0	
2	-
	.
3	
•••••	
4	.
	.
Part IX-B Summary of Program-Related Investments (see page 24 of the instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 None	.
	.
2	
All other program-related investments. See page 24 of the instructions	
3	
	. 0
Total. Add lines 1 through 3	0

Form **990-PF** (2009)

Form	990-PF (2009) , The Motorists Insurance Group Foundation FKA The Motorists Insurance Companies Foundation	ition	1712343 Page 8
Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreign	found	lations,
	see page 24 of the instructions.)	,	
1	Fair market value of assets not used (or held for use) directly in carrying out chantable, etc.,		
	purposes:	<u> </u>	
а	Average monthly fair market value of securities	1a	158,964
b	Average of monthly cash balances	1b	37,113
С	Fair market value of all other assets (see page 24 of the instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	196,077
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	196,077
4	Cash deemed held for charitable activities Enter 1½ % of line 3 (for greater amount, see page 25		
	of the instructions)	4	2,941
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	193,136
6	Minimum investment return. Enter 5% of line 5	6	9,657
Pai	t XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private of	perati	ng
	foundations and certain foreign organizations check here and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	9,657
2a	Tax on investment income for 2009 from Part VI, line 5		· -
b	Income tax for 2009. (This does not include the tax from Part VI.)	1	
С	Add lines 2a and 2b	2c	2,047
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	7,610
4	Recovenes of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	7,610
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
•	line 1	7	7,610
		ــــــــــــــــــــــــــــــــــــــ	7,010
Par	Qualifying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish chantable, etc., purposes		
а	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	482,057
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 (pnor IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	0
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	482,057
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		,

qualifies for the section 4940(e) reduction of tax in those years.

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

2,047 480,010

Part XIII Undistributed Income (see page 26 of the instructions) (b) (d) (a) (c) 2008 Corpus Years prior to 2008 2009 Distributable amount for 2009 from Part XI. 7,610 2 Undistributed income, if any, as of the end of 2009 a Enter amount for 2008 only **b** Total for prior years 20 ____, 20____, 20____ Excess distributions carryover, if any, to 2009 354.693 a From 2004 . . . 344,719 From 2005 . . . **c** From 2006 382,523 454,549 **d** From 2007 409,479 e From 2008 Total of lines 3a through e . . 1,945,963 Qualifying distributions for 2009 from Part XII, line 4: ► \$ a Applied to 2008, but not more than line 2a . **b** Applied to undistributed income of prior years (Election required—see page 26 of the instructions) . c Treated as distributions out of corpus (Election required—see page 26 of the instructions) . . **d** Applied to 2009 distributable amount 7,610 474,447 e Remaining amount distributed out of corpus Excess distributions carryover applied to 2009 . . . (If an amount appears in column (d), the same amount must be shown in column (a)) Enter the net total of each column as indicated below: 2,420,410 a Corpus. Add lines 3f, 4c, and 4e Subtract line 5 . **b** Prior years' undistributed income. Subtract line 4b from line 2b c Enter the amount of pnor years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed d Subtract line 6c from line 6b Taxable amount-see page 27 of the instructions . Undistributed income for 2008. Subtract line 4a from line 2a. Taxable amount—see page 27 of the instructions f Undistributed income for 2009. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2010 . . . 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions) Excess distributions carryover from 2004 not applied on line 5 or line 7 (see page 27 of the ınstructions) . . 354,693 Excess distributions carryover to 2010. 2,065,717 Subtract lines 7 and 8 from line 6a 10 Analysis of line 9: 344,719 a Excess from 2005 . . **b** Excess from 2006 . 382,523 454,549 c Excess from 2007 . . 409,479 d Excess from 2008 474,447 e Excess from 2009

	m 990-PF (2009) The Motorists Insurance Grou					2343 Page 10
	rt XIV Private Operating Foundations (se			no Part VII-A, qu	estion 9)	
1 :	If the foundation has received a ruling or determinate foundation, and the ruling is effective for 2009, enter			▶		
	Check box to indicate whether the foundation is a pr	nvate operating fou	ndation described ir	n section	4942(J)(3) or	4942(J)(5)
2 a	Enter the lesser of the adjusted net	Tax year		Prior 3 years	-	
	income from Part I or the minimum investment return from Part X for each	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
	year listed	0	0	0	0	0
ŀ	85% of line 2a	0	0	0	0	0
	Qualifying distributions from Part XII, line 4 for each year listed	0	0	0	0	0
•	Amounts included in line 2c not used directly for active conduct of exempt activities					0
€	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c	0	0	0	0	0
3 a	Complete 3a, b, or c for the alternative test relied upon: "Assets" alternative test—enter:					
	(1) Value of all assets					0
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					0
b	o "Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed	0	0	0	0	0
c	"Support" alternative test—enter:					<u>v</u>
	(1) Total support other than gross investment income (interest, dividends, rents, payments on secunities loans (section 512(a)(5)), or royalties)					0
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III)					0
	(3) Largest amount of support from an exempt organization					0
	(4) Gross investment income					0
Pa	rt XV Supplementary Information (Com	nlete this part	only if the four	ndation had \$5	000 or more in	
	assets at any time during the year Information Regarding Foundation Manager	r—see page 28	of the instruct	tions.)		
1 a	List any managers of the foundation who have contribefore the close of any tax year (but only if they have	buted more than 2			the foundation	
NO						
b	List any managers of the foundation who own 10% o ownership of a partnership or other entity) of which the				rtion of the	
NO						
2	Information Regarding Contribution, Grant, Check here ▶ ☐ If the foundation only makes or unsolicited requests for funds If the foundation make under other conditions, complete items 2a, b, c, and	ontributions to pres es gifts, grants, etc	selected chantable of	organizations and do		ons
	The name, address, and telephone number of the pe	• •		addressed:		
	n J Bishop 471 East Broad ST Columbus OH 43	···				
	The form in which applications should be submitted a er, purpose of funds, amount requested, contact			ould include:		
	Any submission deadlines:					
Nor						
	Any restrictions or limitations on awards, such as by factors:	geographical areas	s, charitable fields, l	kinds of institutions,	or other	
Lim	ited to exempt organizations.					

•4

3 Grants and Contributions Paid During the	ear or Approved fo	r Future Pa	yment	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Sonaibadon	
a Paid during the year				
Ohio Foundation of Independent Colleges; Inc.				
250 East Broad Street; Suite 1700 Columbus OH 432	n/a	501(c)(3)	2008-09 Campaign	3,500
Columbus Museum of Art	-/-	504/->/0>	2000 0	40.000
480 East Broad Street Columbus OH 43215-3886	n/a	501(c)(3)	2009 Corporate Contribu	40,000
DeWitt Development Company 511A 5th Avenue DeWitt IA 52742	n/a	501(c)(3)	2009 Corporate Contribu	2,500
DeWitt Development Company	1"4	001(0)(0)	2003 Corporate Continua	2,500
511A 5th Avenue DeWitt IA 52742	n/a	501(c)(3)	2009 Corporate Contribu	1,000
Worthington Arts Council		(,,(,,		•
777 High Street Worthington OH 43085	n/a	501(c)(3)	Capital Improvements/Me	5,000
Griffith Insurance Education Foundation	i			
623 South High Street Worthington OH 43085	n/a	501(c)(3)	2009 Corporate Contribu	15,000
St Baldrick's Foundation] ,			
1443 East Washington Blvd. #650 Pasadena CA 9110	n/a	501(c)(3)	2009 corporate contributi	500
The Ohio Historical Society 1982 Velma Avenue Columbus OH 43211-2497	n/o	501/0/2)	2000 Comorato Contribut	1 000
Columbus State Community College	ln/a	501(c)(3)	2009 Corporate Contribu	1,000
550 East Spring Street Columbus OH 43216-1609	ln/a	501(c)(3)	2009 Scholarship Fundra	1,000
Law Enforcement Foundation	1	(0)(0)	2000 Contolaromp i dirara	1,000
6277 Riverside Drive; Suite 2N Columbus OH 43017-	n/a	501(c)(3)	2009 Corporate contribut	10,000
Association of Small Foundations		` ` ` `		·
P. O. Box 117 Underhill VT 05489-0117	n/a	501(c)(3)	Membership fee	495
Iowa College Foundation				
505 5th Avenue; Suite 1034 Des Moines IA 50309-23	n/a	501(c)(3)	Annual Scholarship progl	1,750
Special Olympics Wisconsin	l ,			
5900 Monona Drive; Suite 301 Madison WI 53716	n/a	501(c)(3)	Annual operations	395
Furniture Bank of Central Ohio; Inc. 118 South Yale Avenue Columbus OH 43222	ln/a	501(c)(3)	2009 Corporate Contribu	1,000
Make A Wish Foundation		301(0)(3)	2009 Corporate Continuu	1,000
Greater Ohio; Kentucky & Indiana Columbus OH 4323	n/a	501(c)(3)	2009 Corporate contribut	2,500
Washington Legal Foundation		(0)(0)		2,000
2009 Massachusetts Avenue; NW Washington DC 20	n/a	501(c)(3)	2009 Corporate Contribu	1,000
Total			▶ 3a	482,057
b Approved for future payment				
Columbus Museum of Art				
480 East Broad Street Columbus OH 43215	n/a	501(c)(3)	Capital Improvements	120,000
Columbus College of Art and Design			<u> </u>	
107 North Ninth Street Columbus OH 43215	n/a	501(c)(3)	Capital Improvements	40,000
STAR Committee	70	E01(a)(2)	Conital Improvements	20.000
an affiliate of the DeWitt Area Foundation DeWitt IA 5 The Ohio State University Foundation	n/a	501(c)(3)	Capital Improvements	20,000
	n/a	501(c)(3)	Capital Improvements	200,000
Worthington Arts Council	, , , , , , , , , , , , , , , , , , ,			200,000
777 High Street Worthington OH 43085	n/a	501(c)(3)	Capital Improvements	10,000
3		(=/(=/		,,,,,,
				0
				0
				-
				0
				0
Total	<u> </u>	<u> </u>	▶ 3b	390,000

er gross amounts unless otherwise indicated.	Unrelated bus	iness income	Excluded by section	512, 513, or 514	(e)
Program service revenue.	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exemp function income (See page 28 of the instructions)
a		0		0	
b		0		. 0	
c		0		. 0	
d		0		0	
e		0		0	
f		0		0	
g Fees and contracts from government agencies					
Membership dues and assessments					
Interest on savings and temporary cash investments		-	_ 14	676	
Dividends and interest from securities			14	745	
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					
Other investment income					
Gain or (loss) from sales of assets other than inventory			18	203,316	
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
Other revenue a	-	0		0	
b	-	0		<u>0</u>	
cd		0		0	
de		0		0	
Subtotal Add columns (b), (d), and (e)		0		204,737	
Total. Add line 12, columns (b), (d), and (e)			· · · · · · · · · · · · · · · · · · ·	13	204,73
worksheet in line 13 instructions on page 28 to verify calci				13	204,10
t XVI-B Relationship of Activities to the Ac		of Exempt P	Urnosas		
e No. Explain below how each activity for which incom the accomplishment of the foundation's exempt page 28 of the instructions.)	•			•	
	-				

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

1	in sect	e organization directly tion 501(c) of the Code zations?	•		_	•	•		<u> </u>	Yes	No
а	Transf	ers from the reporting	foundation to	a noncharitable e	exempt organi	zation of:					
		ash							1a(1)		X
		her assets							1a(2)		X
b	Other	transactions:									
	(1) Sa	ales of assets to a non	charitable exe	empt organization					1b(1)		X
	(2) Pu	irchases of assets fror	n a noncharit	able exempt organ	nization				1b(2)		Х
		ental of facilities, equip							1b(3)		X
		eimbursement arrange							1b(4)		Х
	(5) Lo	ans or loan guarantee	s						1b(5)		X
	(6) Pe	erformance of services	or members	hip or fundraising	solicitations				1b(6)		X
С	Sharin	g of facilities, equipme	ent, mailing lis	sts, other assets, o	or paid employ	yees .			1c		Х
d	value o	answer to any of the at of the goods, other ass in any transaction or s	sets, or service	es given by the re	porting found	lation. If t	he foundation re he goods, other	ceived less that assets, or serv	n fair m rices re	narket ceived	d. ———
(a)	Line no	(b) Amount involved	(c) Name	of nonchantable exemp	t organization	(d) De	scription of transfers,	transactions, and s	hanng arr	angem	ents
		0				_					
		0	-			_					
		0					- · - -				
	_	. 0									
		0									
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		0				-					
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		0				+	·				
		0									
		0									
		0					 				
0-	1 - 4b - 4	0		-4				4'			
	describ	foundation directly or in sed in section 501(c) on "complete the followi	of the Code (o					· · · □	Yes 🗓	No	
		(a) Name of organization		(b) Type	of organization		(c) Des	cnption of relations	hip		
	_										
	F			l			<u> </u>				
a		er penalties of perjury, I decla f, it is true, correct, and comp				-	on all information of	•	any knov	vledge	
a E	Sign	nature of officer or trustee			<u> </u>	Date	Tit				
Sign Here	Paid Preparer's Use Only	Preparer's			Date		Check if self-employed ▶	Preparer's inumber (se	e Signati	ire on	
	S G P	signature Firm's name (or yours if	<u> </u>				L				
	ار م	self-employed), address,						EIN -			
		and ZIP code	<i>r</i>					Phone no.			

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

Employer identification number Name of the organization The Motorists Insurance Group Foundation FKA The Motorists Insurance Companies Foundation 31-1712343 Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)() (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** [X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not 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 Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule,B	(Form \$90, 990-EZ, or 990-PF) (2009)		Page 1 of 1 of Part
	organization		Employer identification number
	prists Insurance Group Foundation FKA The Motorists Insur	rance Companies Foundation	31-1712343
Part I	Contributors (see instructions)		
(a) No	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Motorists Mutual Insurance Company 471 East Broad ST Columbus OH 43215 Foreign State or Province: Foreign Country:	\$4 <u>02,518</u>	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
2	Foreign State or Province: Foreign Country:	\$0	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
3	Foreign State or Province: Foreign Country:	\$0	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	Foreign State or Province: Foreign Country.	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b) Name, address, and ZIP + 4	(c)	(d)
No	Foreign State or Province. Foreign Country:	Aggregate contributions \$ 0	Person Payroll Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
6	Foreign State or Province: Foreign Country.	\$0	Person Payroll Oncash (Complete Part II if there is a noncash contribution.)

The Motonsts Insurance Group Foundation FKA The Motorists Insurance Companies Foundation Trust EIN 31-1712343

Form 990PF, Part I, page 1, line 1, Tax Year Revenue CONTRIBUTIONS, GIFTS, GRANTS

Contributor	Contribution Date	<u>Cusip</u>	Shares	Property Contributed	Cost Basis	FMV at time of Donation			
Motorists Mutual Insurance Company 471 East Broad ST Columbus OH 43215	5 10/29/2009	037833100	2050	Apple Inc	191,122	402,518			
				totals	191,122	402,518			
Form 990PF, Part II, page 2, line 10b, Balance Sheet INVESTMENTS - CORPORATE STOCK									

Contribution Date	<u>Cusip</u>	<u>Shares</u>	Property Contributed	Book Value	Fair Mkt Value
11/16/2006	478366107	1400	Johnson Controls	19,240	38,136
11/17/2006	172967101	1650	Citigroup	59,309	5,462
			totals	78 549	43 598

Form 990PF, Part VII-A, page 4,Line 8b

The Foundation is registered with the State of Ohio. A verification of filing with the IRS and a fee are required.

Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year Recipient(s) paid during the year

recorptonic, para aating ine year								
Name							1	
STAR Committee Street					Person	<u> IX</u>	Business	
an affiliate of the DeWitt Area Foundat	ion							
City		State	Zip code	F	oreign C	ountry	y	
DeWitt		IA	52742	l				
Relationship n/a	Foundation Status 501(c)(3)							
Purpose of grant/contribution							Amount	=
2009 Corporate Contribution							<u>L</u>	5,000
Name Greater Twin Cities United Way				[]	Person	ΙX	Business	
Street	_			-				
404 South Eighth Street		Ctoto	7in code	Tr.	-araian C	t-		
City Minneapolis		MN	Zip code 55404-1084		Foreign C	ountry	У	
Relationship	Foundation Status	[IVII4	100404-1004				-	
n/a	501(c)(3)							
Purpose of grant/contribution							Amount	
2009 United Way Corporate Contributi	on						<u></u>	8,821
Nome								
Name The Ohio State University Foundation					Person	T	Business	
Street				1 1	- CISUII	1^	<u> Dusiliess</u>	
Fawcett Center; Rm 307								
City		State	Zip code	F	oreign C	ountry	y	
Columbus		ОН	43210-1027					
Relationship	Foundation Status							
n/a Purpose of grant/contribution	501(c)(3)						14	
Ohio Stadium Renovation							Amount	200,000
Name The Stephanie Spielman Fund for Brea Street The James Development Office	ast Cancer Res			F	Person	Х	Business	
City		State		 F	Foreign C	ountry	/	
Columbus	In a second second	OH	43218-3112					-
Relationship n/a_	Foundation Status 501(c)(3)							
Purpose of grant/contribution	[501(6)(3)						Amount	
Memorial Contribution								5,000
Name United Way of Greater Cleveland Street				F	Person	Х	Business	
1331 Euclid Avenue								
City		State	Zıp code	F	oreign C	ountry	/	-
Cleveland		OH	44115-1854		-			
Relationship	Foundation Status							
n/a Purpose of grant/contribution	501(c)(3)						Amount	
2009 Corporate Contribution							Amount	1,467
Name United Way of Southwestern Pennsylv Street P. O. Box 735	ania			F	Person	Х	Business	1,407
City		State	Zip code)F	oreign C	ounto		
Pittsburgh		PA	15230-0735	ľ	Si Signi O	ouriti y	1	
Relationship	Foundation Status		,					
n/a	501(c)(3)							
Purpose of grant/contribution 2009 Corporate Contribution							Amount	2.012

Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year Recipient(s) paid during the year

Name								
United Way of Summit County				ΠP	erson	X	Business	
Street								
P. O. Box 1260 City		State	Zip code	ĪF	oreign C	Countr	v	
Akron		ОН	44309-1260					
Relationship	Foundation Status							
n/a	501(c)(3)						Amount	
Purpose of grant/contribution 2010 Corporate Contribution							Amount	1,515
2010 Corporate Contribution	· · · · · · · · · · · · · · · · · · ·		·				1	1,010
Name							_	
United Way of Greater Dayton				<u> </u>	erson	<u>X</u>	Business	
Street								
184 Salem Avenue City		State	Zip code	ĪF	oreign C	Countr	v	
Dayton		OH	45406-5877	ľ	0.0.9	, cui i i	,	
Relationship	Foundation Status			•				
n/a	501(c)(3)						1.	
Purpose of grant/contribution							Amount	2 620
2009 Corporate Contribution			 				1	2,629
Name								
United Way of Cincinnati				ПР	erson	X	Business	
Street								
2400 Reading Road		l 04-4-	7:	I-				
City Cincinnati		OH	Zip code 45202-1478	-	oreign C	ountr	У	
Relationship	Foundation Status	011	140202-1470	<u>l</u> -	 -			
n/a	501(c)(3)							
Purpose of grant/contribution							Amount	
2009 Corporate Contribution								1,973
Name								
United Way of Central Ohio				P	erson	Х	Business	
Street					· · · ·			
360 South Third Street	,							
City			Zip code	F	oreign C	Countr	У	
Columbus	Foundation Status	ОН	43215					
n/a	501(c)(3)							
Purpose of grant/contribution	144144897	•					Amount	
2009 Corporate Matching Gift								125,000
••								
Name Columbus College of Art and Design					erson	Γ¥	Business	
Street					GISOII		<u> </u>	
107 North Ninth Street								
City			Zip code	F	oreign C	Countr	у	
Columbus	le la out	OH	43215					
Relationship n/a	Foundation Status 501(c)(3)							
Purpose of grant/contribution	[501(0)(5)						Amount	
2009 Corporate Contribution								20,000
Name							J., .	
Gateway United Way Street	 			<u> </u>	erson	I.X	Business	
419 South Second Street; Suite 412								
City		State	Zıp code	ĪF	oreign C	Countr	 у	
Clinton		_IA	52732					
Relationship	IE 1 11 01 1							
	Foundation Status							
n/a Purpose of grant/contribution	501(c)(3)						Amount	

Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year Recipient(s) paid during the year

Name Columbus College of Art and Des	sian				Person	ΓŢ	Business	
Street	ngn				TEISOII	^	Indigitiess	<u> </u>
107 North Ninth Street		1 04-4-	T=:		[F			
City Columbus		OH	Zip code 43215		Foreign C	Jounti	У	
Relationship n/a	Foundation Status 501(c)(3)		1.7-17		·			
Purpose of grant/contribution 2009 Corporate Contribution							Amount	20,000
Name					Person	_	Business	
Street	-			<u></u>	reison		IDUSITIESS	· · · · · ·
City		State	Zip code		Foreign C	Count	у	
Relationship	Foundation Status	•						
Purpose of grant/contribution							Amount	0
Name					70	_	7p:	
Street		.			Person		Business	
City		State	Zip code		Foreign C	Counti	у	
Relationship	Foundation Status				 			
Purpose of grant/contribution							Amount	0
Name					_		_	
Street				l	Person		Business	
City		State	Zip code		Foreign C	Count	ý	
Relationship	Foundation Status	<u> </u>	<u> </u>					
Purpose of grant/contribution							Amount	0
Name					٦,		75	
Street					Person	<u> </u>	Business	
City		State	Zip code		Foreign C	Countr	у	
Relationship	Foundation Status	1	· · · · · · · · · · · · · · · · · · ·		-1 .			
Purpose of grant/contribution							Amount	0
Name		- · · · · · -			Person	Г	Business	
Street								
City		State	Zip code		Foreign C	Countr	у	
Relationship	Foundation Status							
Purpose of grant/contribution							Amount	0