

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990-PF

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

OMB No 1545-0052

2010

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 For calendar year 2010, or tax year beginning , 2010, and ending G Check all that apply Initial return Initial Return of a former public charity Final return Amended return Address change Name change Employer identification number THE MERCHANTS BONDING COMPANY FOUNDATION 26-3035459 2100 FLEUR DRIVE Telephone number (see the instructions) DES MOINES, IA 50321 (515) 243-8171 C If exemption application is pending, check here D 1 Foreign organizations, check here Check type of organization: X Section 501(c)(3) exempt private foundation 2 Foreign organizations meeting the 85% test, check 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 J Accounting method X Cash 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 ▶\$ 285,529 under section 507(b)(1)(B), check here (Part I, column (d) must be on cash basis) 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 ıncome 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) Ck ► X if the foundn is **not** req to att Sch B Interest on savings and temporary 897 897 cash investments Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 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 9 Income modifications 10 a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit/(loss) (att sch) 11 Other income (attach schedule) SEE STATEMENT 1 68,146 12 Total. Add lines 1 through 11 192*.* 897 897 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16 a Legal fees (attach schedule) ADMINISTRAT **b** Accounting fees (attach sch) c Other prof fees (attach sch) SEE ST 2 3.744 17 Interest 18 Taxes (attach schedule)(see instr.) Depreciation (attach sch) and depletion VE 20 Occupancy 21 Travel, conferences, and meetings EXPENSES 22 Printing and publications Other expenses (attach schedule) SEE STATEMENT 59,739 24 Total operating and administrative 63,483 expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid PART XV 110,554 110,554 Total expenses and disbursements. Add lines 24 and 25 110, Subtract line 26 from line 12: a Excess of revenue over expenses 18,285 and disbursements I ENERGY 897 ·被置為強力等於

A . 1 . 1 . 1 . 1

36.5

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

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

897

明日二年大学的 Form 990-PF (2019)

		F (2010) THE MERCHANTS BONDING COMPANY FOU Attached schedules and amounts in the description	Beginning of year			35459 Page of year
<u>art 11</u>		Balance Sheets Column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value		(c) Fair Market Valu
	1	Cash - non-interest-bearing		(4) = 00		(a) tall liamet tall
	2	Savings and temporary cash investments	267,244.	285,5	29.	285,529
		Accounts receivable				N 4 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		Less: allowance for doubtful accounts ▶	~			······································
		Pledges receivable	- 10-2			%
		Less allowance for doubtful accounts ▶			·	
		Grants receivable				
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see the instructions)				
	7	Other notes and loans receivable (attach sch)				, , , , , , , , , , , , , , , , , , , ,
A		Less: allowance for doubtful accounts				<u> </u>
A S S E T	8	Inventories for sale or use			-	
Ē	9	Prepaid expenses and deferred charges				
_		Investments – US and state government				
		obligations (attach schedule) Investments — corporate stock (attach schedule)				
		Investments — corporate bonds (attach schedule)				
1		Investments — land, buildings, and equipment: basis.				1 1 2 47
		Less. accumulated depreciation (attach schedule)				
1	12	Investments – mortgage loans.				
1	13	Investments — other (attach schedule)				
1	14	Land, buildings, and equipment basis		,	ť, i	
		Less accumulated depreciation (attach schedule)				
		Other assets (describe Total assets (to be completed by all filers — see instructions Also, see page 1, item I)	267,244.	285,5	29.	285,52
L 1	17	Accounts payable and accrued expenses			·	
 1	18	Grants payable				
B 1	19	Deferred revenue]r
լ 2	20	Loans from officers, directors, trustees, & other disqualified persons				
ļ 2	21	Mortgages and other notes payable (attach schedule)				
2	22	Other liabilities (describe				
E ,	22	Total liabilities (add lines 17 through 22)	0.		0.	
S 2		Foundations that follow SFAS 117, check here	<u> </u>		<u> </u>	
		and complete lines 24 through 26 and lines 30 and 31.				
		Unrestricted				
, T.	25 26	Temporarily restricted				
	26	Permanently restricted		-		
B		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.				
~	27	Capital stock, trust principal, or current funds	267,244.	285,5	<u> 29</u> .	
N 2	28	Paid-in or capital surplus, or land, building, and equipment fund				
	29	Retained earnings, accumulated income, endowment, or other funds				AND THE PROPERTY OF THE PARTY O
S :	30	Total net assets or fund balances (see the instructions)	267,244.	285,5	29.	1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
;	31	Total liabilities and net assets/fund balances	267 244			
art II	11.1	(see the instructions) Analysis of Changes in Net Assets or Fund Balanc	267,244.	1 200,5	۷۶.	n - 16 12 14
1 To	otal	net assets or fund balances at beginning of year — Part II, colu		agree with	-	267.0
		of-year figure reported on prior year's return)		ļ	1	267,24
		amount from Part I, line 27a		ļ	2	18,28
		increases not included in line 2 (itemize)			_3_	
		ines 1, 2, and 3. uses not included in line 2 (itemize)			4	285,52
5 De	arrea	ises not inclined in line / (Hemize)			5	i

BAA

Add lines 5 and 6

Part VI instructions

8 Enter qualifying distributions from Part XII, line 4

7

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the

	990-PF (2010) THE MERCHANIS BONDING COMPANY FOUNDATION 26-30354			² age 4
	VI: Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see the ins	tructio	ns)	
	Exempt operating foundations described in section 4940(d)(2), check here	· ·	ş	
	Date of ruling or determination letter: (attach copy of letter if necessary — see instr.)			
	Domestic foundations that meet the section 4940(e) requirements in Part V,			18.
	check here and enter 1% of Part I, line 27b	4	i ji, maija	
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, column (b)	ig affect on a		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable		<u> </u>	
	foundations only. Others enter -0-).			0.
	Add lines 1 and 2			18.
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			<u>0.</u>
	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0- Credits/Payments:	24.5	<u> </u>	18.
	1		ر « الميانية	
	2010 estimated tax pmts and 2009 overpayment credited to 2010 Exempt foreign organizations — tax withheld at source 6b			2 720
	Tax paid with application for extension of time to file (Form 8868)	ALCOHOL:	grafija jedina († 1862) Odanica in sa	
	Backup withholding erroneously withheld 6d	- 14 A	glandely Milital Stanton 1818	
	Total credits and payments Add lines 6a through 6d	47.5		0.
	Enter any penalty 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			18.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			<u> </u>
	Enter the amount of line 10 to be Credited to 2011 estimated tax			
	¿VII-A∜ Statements Regarding Activities			
			's' Yes	No
Iа	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?		1a	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 published or distributed by the foundation in connection with the activities	d		
	Did the foundation file Form 1120-POL for this year?		1c	X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year.		\$ + \$ - 14°	"TI = []
	(1) On the foundation \$\ 0. (2) On foundation managers \$\\$	<u> </u>		
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers \blacktriangleright \$ 0.	- 1		- X
	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	- F	ر به بهر بران الم	+
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles	یا		1. 1.
3	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	X
Ь	If 'Yes,' has it filed a tax return on Form 990-T for this year?			I/A
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5	X
	If 'Yes,' attach the statement required by General Instruction T			1
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either	أيد		
	By language in the governing instrument, or	•		
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict			
	with the state law remain in the governing instrument?	L	6	X
	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	<u> </u>	7 X	 ,
8 a	Enter the states to which the foundation reports or with which it is registered (see the instructions)	-		1 2
	N/A	_ '		
Ь	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 <i>General Instruction G</i> ? If 'No,' attach explanation	تاب.	8b X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If 'Yes,' complete Part	(ı)(5) l∽	9	X
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names		-	 ^-
BAA	and addresses		10 PF	(2010)

Form	990-PF (2010) THE MERCHANTS BONDING COMPANY FOUNDATION	26-303545	9	Pa	age 5
Part	VII-A: Statements Regarding Activities (Continued)		, - ,		
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)		11		Х
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?		12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption Website address N/A	application?	13	Х	
14	The books are in care of ► LARRY TAYLOR Telephone	no - (515)	243	-817	<u> </u>
15	Located at 2100 FLEUR DRIVE DES MOINES IA ZIP + 4 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here	50321 ► 15		<u>-</u>	∏ N/A
16	and enter the amount of tax-exempt interest received or accrued during the year		1	Yes	No No
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other arbank, securities, or other financial account in a foreign country?	uthority over a	16		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1. If 'Yes,' enter the national country ►	ame of the	.स्थ (हे		
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required		1	1	
1.	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.		7 4	Yes	No
1 2	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?	Yes X No		. X.	مر بهٔ
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a		,		
	disqualified person?	Yes X No	200		11.
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes X No	-15 -15 -15		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes X No	1 1 1	新疆	
	(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 X No	- 1 m		
	(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	7		120
ŀ	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 the instruction)	ons)?	1b		/A
	Organizations relying on a current notice regarding disaster assistance check here	▶ []	17	13.1	34
•	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 2010?		1c		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 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2010? If 'Yes,' list the years 20, 20, 20	Yes X No	\$ 15 G		
			٠,٠,٠	7 4	
ļ	b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942 (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)		2b	N	/A
(c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years	here		(f, 24, 7)	A ST
	► 20, 20, 20		1.2		2.3
3	a 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	- To gate		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
١	b If 'Yes,' did it have excess business holdings in 2010 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 approve 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 2010)	ed	3b	N	/A
4	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a		Х
	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			1	, -wes
BA	the tax year beginning in 2010?		4b		X (2216

•				
Form 990-PF (2010) THE MERCHANTS BOND	ING COMPANY FO	UNDATION	26-303	35 4 59 Page 6
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 attemption	=	n (section 4945(e))?	Yes X	No Line
(2) Influence the outcome of any specific publion, directly or indirectly, any voter registra	ic election (see section tion drive?	4955); or to carry	Yes X	No
(3) Provide a grant to an individual for travel,	study, or other similar	purposes?	Yes X	No S
(4) Provide a grant to an organization other the in section 509(a)(1), (2), or (3), or section	nan a charitable, etc, or 4940(d)(2)? (see instru	rganization described uctions)	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 If any answer is 'Yes' to 5a(1)-(5), did any of the described in Regulations section 53 4945 or in (see instructions)?	the transactions fail to a current notice regard	qualify under the exceptions disaster assistance	tions	5b N/A
Organizations relying on a current notice rega	rding disaster assistanc	ce check here	▶ □	
c If the answer is 'Yes' to question 5a(4), does to tax because it maintained expenditure respons	sibility for the grant?		N/A Yes	No
 If 'Yes,' attach the statement required by Region 6a Did the foundation, during the year, receive are on a personal benefit contract? 		• /	s Dy G	
b Did the foundation, during the year, pay premi				No 6b X
If 'Yes' to 6b, file Form 8870 7a At any time during the tax year, was the found	dation a party to a proh	ubited tax shelter transa	oction? Yes X	No E
b If yes, did the foundation receive any proceed Part VIII Information About Officers, D				N/A 7b
Part VIII Information About Officers, D		Foundation Manag	gers, nigiliy Palu E	impioyees,
1 List all officers, directors, trustees, foundation	n managers and their	compensation (see inst	ructions).	·
(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) Expense account, other allowances
SEE STATEMENT 4			compensation	
		0.	0.	0.
		0.		
2 Compensation of five highest-paid employee	es (other than those in	cluded on line 1— see is	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 \$50,00	0		•	<u> </u>
RAA	TEE ADROGE			Form 990-PF (2010

Part VIII Information About Officers, Directors, Trustees, Four and Contractors (continued)		
3 Five highest-paid independent contractors for professional services (see i enter 'NONE.'	nstructions). If none,	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	(2) 1) 20 00 00	(s) compensation
Total number of others receiving over \$50,000 for professional services	•	0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistic organizations and other beneficiaries served, conferences convened, research papers produced, etc.	cal information such as the number of	Expenses
1 <u>N/A</u>		:
2		<u>. </u>
3		
4		
Part IX-B Summary of Program-Related Investments (see instru	uctions)	
Describe the two largest program-related investments made by the foundation d 1 N/A	uring the tax year on lines 1 and 2	Amount
2		
All other program-related investments See instructions 3		
		· <u>-</u> -
Total. Add lines 1 through 3	▶	0.

TEEA0307L 02/16/11

Form **990-PF** (2010)

BAA

Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

See instructions.)		
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes. a Average monthly fair market value of securities	1 a	
b Average of monthly cash balances	1 b	307,590.
c Fair market value of all other assets (see instructions)	1 c	
d Total (add lines 1a, b, and c)	1 d	307,590.
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	307,590.
4 Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	4,614.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	302,976.
6 Minimum investment return. Enter 5% of line 5	6	15,149.
PariXIII Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private oper and certain foreign organizations check here ► ☐ and do not complete this part of the pa	_	indations
1 Minimum investment return from Part X, line 6	1	15,149.
2a Tax on investment income for 2010 from Part VI, line 5 2a 2a 2a	27.5	,
b Income tax for 2010 (This does not include the tax from Part VI)		
c Add lines 2a and 2b	2 c	18.
3 Distributable amount before adjustments. Subtract line 2c from line 1	3	15,131.
4 Recoveries of amounts treated as qualifying distributions	4	
5 Add lines 3 and 4	5	15,131.
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	15,131.
Part XIII Qualifying Distributions (see instructions)		
1 Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes a Expenses, contributions, gifts, etc — total from Part I, column (d), line 26	1 a	110,554.
b Program-related investments — total from Part IX-B	1 b	
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)	3a	
b Cash distribution test (attach the required schedule)	3b	
4 Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	110,554.
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	110,554.
Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether qualifies for the section 4940(e) reduction of tax in those years	er the found	dation

Form **990-PF** (2010)

BAA

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI, line 7	, , , , , , , , , , , ,			15.131
2 Undistributed income, if any, as of the end of 2010	Tu.			1 2 1 11 2
a Enter amount for 2009 only	- 3	- 1	0.	
b Total for prior years. 20, 20, 20	,	0.		· 4.
3 Excess distributions carryover, if any, to 2010	172			
a From 2005			, · · · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , , ,
b From 2006]			
c From 2007] <u></u>			
d From 2008				
e From 2009 1, 785.			3")	
f Total of lines 3a through e	1,785.		25 7 1 2 2 1	- x
4 Qualifying distributions for 2010 from Part	E			\$2.5 S. S.
XII, line 4 ► \$ 110,554.	in the second se	TO RESIDENCE	HE MARK GOVERNMENT	rate in the state of the
a Applied to 2009, but not more than line 2a	15 15 1 ME 1		0.	
 Applied to undistributed income of prior years (Election required – see instructions) 		0.	All many and a second a second and a second	
c Treated as distributions out of corpus (Election required – see instructions)	0.			
d Applied to 2010 distributable amount	Superior Service Service	The state of the s	13 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	15,131.
e Remaining amount distributed out of corpus	95,423.	· · · · · · · · · · · · · · · · · · ·	The state of the s	The many of the state of the st
5 Excess distributions carryover applied to 2010	0.	Market Strategy and Tally St	and the first of the state of the	0.
(If an amount appears in column (d), the same amount must be shown in column (a))	Jan 1985 (1987)		1964	
same amount must be shown in column (a))	B. 134.12 = 112.41			
6 Enter the net total of each column as		The grant of the time of the		
indicated below:			[1] 영화왕 시청시	T . 12 - 14
a Corpus. Add lines 3f, 4c, and 4e Subtract line 5	97,208.	3. 1		
b Prior years' undistributed income Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistribut-	17 310		是1. 计图表法	
ed income for which a notice of deficiency has been issued, or on which the section			10000000000000000000000000000000000000	
4942(a) tax has been previously assessed	1 3 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1	0.		
d Subtract line 6c from line 6b Taxable amount — see instructions		0.		
e Undistributed income for 2009. Subtract line 4a from				Harris Strain
line 2a. Taxable amount — see instructions	图 医乳髓原虫	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 0.	1950 高等級·
		4 _ 20 m _ 1 = 1 = 1 = 1 = 1	A. "" "" " " " " " " " " " " " " " " " "	
f Undistributed income for 2010. Subtract lines 4d and 5 from line 1. This amount must be			The same of the same of	
distributed in 2011		- fr figure 1 to	- 3 H - 199 1 1	0.
7 Amounts treated as distributions out of		· · · · · · · · · · · · · · · · · · ·	医多质 医囊形	The property of
corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)				
(see instructions)	0.	1		
8 Excess distributions carryover from 2005 not applied on line 5 or line 7 (see instructions)	0.			
9 Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a	97,208.			
10 Analysis of line 9	W. C.		<u> </u>	
a Excess from 2006	The first of the second	3 3 3		
b Excess from 2007	1,			
c Excess from 2008	1			
d Excess from 2009 1, 785.			·*	
e Excess from 2010 95, 423.	7 1 st = +1	94		E 2 2

		Y FOUNDATION		26-3035459	Page 10
Part XIV Private Operating Foundat					N/A
1a If the foundation has received a ruling o is effective for 2010, enter the date of the	ie ruling				
b Check box to indicate whether the found		erating foundation o		4942(j)(3) or	4942(j)(5)
2a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years		
investment return from Part X for each year listed	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total
b 85% of line 2a		<u> </u>			
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					
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a 'Assets' alternative test — enter.					
(1) Value of all assets	-		ļ- · · ·	 	
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c 'Support' alternative test - enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on 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		1			
Part XV Supplementary Information assets at any time during			e organization h	iad \$5,000 or moi	e in
Information Regarding Foundation Mar a List any managers of the foundation who close of any tax year (but only if they have NONE)	o have contributed m	nore than 2% of the than \$5,000) (See	e total contributions e section 507(d)(2)	received by the found)	dation before the
b List any managers of the foundation wh a partnership or other entity) of which the NONE	o own 10% or more ne foundation has a	of the stock of a co 10% or greater inte	orporation (or an eq rest	ually large portion of	the ownership of
2 Information Regarding Contribution, G Check here X If the foundation only requests for funds If the foundation may complete items 2a, b, c, and d.	y makes contribution	s to preselected ch	arıtable organizatio		
a The name, address, and telephone num	nber of the person to	whom applications	should be address	ed·	
b The form in which applications should be	pe submitted and info	rmation and mater	ials they should inc	lude	
c Any submission deadlines					
d Any restrictions or limitations on awards	s, such as by geogra	phical areas, charit	able fields, kinds of	finstitutions, or other	factors

3 Grants and Contributions Paid During the Y	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	Contribution	
a Paid during the year SEE STATEMENT 5				
Total			▶ 3a	110,554.
b Approved for future payment Total			▶ 3	

nter gross amounts unless otherwise indicated	Unrelate	ed business income	Excluded	by section 512, 513, or 514	(e)
Program service revenue:	Business Amount E		(c) Exclu- sion code	(d) Amount	Related or exempt function income (see the instructions)
a					
b					
c					
d					
e					
g Fees and contracts from government agencies					
2 Membership dues and assessments	<u> </u>				
3 Interest on savings and temporary cash investments			14	897.	
4 Dividends and interest from securities				057.	
5 Net rental income or (loss) from real estate	300 18 30 E	机那做 、 1954		" "	
a Debt-financed property	1 420 11 11 11	<u> </u>	141, 11		, , , , , , , , , , , , , , , , , , ,
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income	·				11-11-11-11-11-11-11-11-11-11-11-11-11-
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events.			1	8,684.	
10 Gross profit or (loss) from sales of inventory					
11 Other revenue	Market 1970	世帯には、は、これの	77.27		京都の 一般の できます。
a					
b			ļ		
c			 -		
d					
e			11 27	0 501	
12 Subtotal. Add columns (b), (d), and (e)	End have the			9,581. 13	9,581.
13 Total. Add line 12, columns (b), (d), and (e).See worksheet in line 13 instructions to verify calcula	tions)			13	9,301.
				· · · · · · · · · · · · · · · · · · ·	
<u>Part XVI-Bill</u> Relationship of Activities to the	ne Accompl	ishment of Exemp	t Purp	oses	
Line No. Explain below how each activity for which accomplishment of the foundation's exemp	income is rep	orted in column (e) of F	Part XVI-	A contributed importan	tly to the

Line No. ▼	accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See the instructions)
N/A	
	
	W.E
	· · · · · · · · · · · · · · · · · · ·

Form 990-PF (2010) Part XVII Info 2010) THE MERCHANTS BONDING COMPANY FOUNDATION 26-3035459 Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

									Yes	No
1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?										
_	insfers from the reporti		a noncharitable exe	empt organiza	tion of					
	Cash			on protigation				1 a (1)		X
	Other assets							1a (2)		X
` '	ner transactions							1.5.7=7		
	Sales of assets to a r	oncharitable exe	mnt organization					1 b (1)		X
	Purchases of assets f		. •	ation				1b(2)		X
	Rental of facilities, eq		• •	allon				1 b (3)		X
	Reimbursement arran	•	. 455015					1b (4)		X
	(5) Loans or loan guarantees									X
	(6) Performance of services or membership or fundraising solicitations									X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees							1 b (6)		X	
001.	army or racinges, equip	oment, maning in	,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	paid cilipioy	,00			L		
the	he answer to any of the goods, other assets, o transaction or sharing	or services given	by the reporting for	ındatıon. If th	e foundation	n received le	ss than fair mar	ket value in	ue of	
(a) Line r			of noncharitable exempt o				fers, transactions, an		ngemen	ts
N/A	(5) / 11100111 11110110	(5)	The state of the s	gamaan	(_)	***************************************		<u>, , , , , , , , , , , , , , , , , , , </u>	<u></u>	
		-	 -	_						
				_						
		-				<u> </u>				
										
					· ·		·····			
									-	
	*****	-	<u>,,,</u>							
					-					
							· ·			
							· · · · · · · · · · · · · · · · · · ·			
				1.1.			-1	-		
2a is de	the foundation directly scribed in section 501(or indirectly affili c) of the Code (o	ated with, or related ther than section 50	a to, one or m 01(c)(3)) or in	ore tax-exe section 527	empt organiz 79	ations	Yes	s X	No
	Yes,' complete the following	•								
	(a) Name of organiz		(b) Type of	organization		(c)	Description of r	elationship		
N/A	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		3 2 21	<u> </u>		,,		•		
		••								
			-				-			
$\overline{}$	Under penalties of perjusy, I de	eclare that I have exam	nined this return, including	accompanying scl	nedules and sta	itements, and to	the best of my knowle	dge and belief,	ıt ıs true	·,
	correct, and complete Declara	tion of preparer (other	than taxpayer or fiduciary)) is based on all in	iformation of wh	hich preparer has	any knowledge	•		
Sign	1////	7/			· ~ /	5011	سط	C		_
Here	Muy	cone			1/0	<u> </u>	000	VCC 10	5. <i>5</i> 2	2
	Signature of officer or trus				Date		Title	T		
	Print/Type preparer's		Preparer's sign	ature // I		ate I	Check if if	1		
Paid	STEPHEN L	KOEHN	DA	> 1-465	-CPA 7		self-employed	P0008	<u>9588</u>	
Prepar	er Firm's name	MERIWETHE	R, WILSON AND	COMPANY		 †	Firm's EIN ► 42-	0731256		
Use O	• · · · · · · · · · · · · · · · · · · ·	REGENCY W	. 5, 4500 WES	STOWN PKW	Y, STE	140				
	i iiii s duuless	WEST DES 1	MOINES, IA 50	266-6717	<u> </u>		Phone no 515	5-223-00	02	
BAA								Form 99	90-PF	(2010)

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

2010

Name of the organization		Employer identification number
THE MERCHANTS BONDING COMPA	NY FOUNDATION	26-3035459
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	ı
	4947(a)(1) nonexempt charitable trust not to	reated as a private foundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treate	ed as a private foundation
	501(c)(3) taxable private foundation	
Check if your organization is covered by the Note. Only a section 501(c)(7), (8), or (10) c	General Rule or a Special Rule. organization can check boxes for both the General F	Rule and a Special Rule. See instructions
General Rule		
X For an organization filing Form 990, 990 contributor. (Complete Parts I and II.)	-EZ, or 990-PF that received, during the year, \$5,00	00 or more (in money or property) from any one
Special Rules		
509(a)(1) and 170(b)(1)(A)(vi), and recei	g Form 990 or 990-EZ, that met the 33-1/3% suppo ved from any one contributor, during the year, a co art VIII, line 1h or (ii) Form 990-EZ, line 1. Comple	ontribution of the greater of (1) \$5,000 or
For a section 501(c)(7), (8), or (10) orga aggregate contributions of more than \$1 the prevention of cruelty to children or a	nization filing Form 990 or 990-EZ, that received fro ,000 for use <i>exclusively</i> for religious, charitable, sci nimals. Complete Parts I, II, and III.	om any one contributor, during the year, entific, literary, or educational purposes, or
If this box is checked, enter here the total	nization filing Form 990 or 990-EZ, that received fro lous, charitable, etc, purposes, but these contributional contributions that were received during the year f ts unless the General Rule applies to this organiza	ons did not aggregate to more than \$1,000.
religious, charitable, etc, contributions of	\$5,000 or more during the year	▶\$
Caution: An organization that is not covered 990-PF) but it must answer 'No' on Part IV, 990-PF, to certify that it does not meet the f	by the General Rule and/or the Special Rules does line 2 of their Form 990, or check the box on line H iling requirements of Schedule B (Form 990, 990-E.	s not file Schedule B (Form 990, 990-EZ, or I of its Form 990-EZ, or on line 2 of its Form Z, or 990-PF).
BAA For Paperwork Reduction Act Notice, 990EZ, or 990-PF.	see the Instructions for Form 990,	Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Schedule	В	(Form	990,	990-EZ,	or 99	0-PF)	(2010)
Name of org	ani	zauon					

Page 1

of 1

of Part I

THE MERCHANTS BONDING COMPANY FOUNDATION

Employer identification number 26-3035459

Partill Co	ntributors	(see instructions.)
------------	------------	---------------------

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1_	MERCHANTS BONDING COMPANY 2100 FLEUR DR DES MOINES, IA 50321	\$120,000.	Person X Payroli 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 Payroli 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 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)

Page

of 1

of Part II

Name of organization

THE MERCHANTS BONDING COMPANY FOUNDATION

Employer identification number 26-3035459

Partill Noncash Property (see instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$\$	<u> </u>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
			-
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	<u> </u>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

of 1

of Part III

Name of organization
THE MERCHANTS BONDING COMPANY FOUNDATION

Employer identification number 26-3035459

Partille Exclusively religious, charitable, etc, individual contributions 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.

	For organizations completing Part III, enter contributions of \$1,000 or less for the year.	(Enter this information once Se	See instructions)	N/A
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	3
	N/A			
		(e) Transfer of gift		
	Transferee's name, addres		Relationship of transferor to transferee	
(a)	(b)	(c)	(d)	
No. from Part I	Purpose of gift	Use of gift	Description of how gift is held	:i
	(e) Transfer of gift Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is help	d
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is hel	d
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Relationship of transferor to transferee	
			 	

2010	FEDERAL STATEMENTS			
CLIENT 161921 THE MEI	RCHANTS BONDING COMPANY FOUNDATION	26-3035459		
7/21/11		11 05AM		
STATEMENT 1 FORM 990-PF, PART I, LINE 11 OTHER INCOME				
	(A) (B) NET REVENUE INVESTMENT PER BOOKS INCOME	(C) ADJUSTED NET INCOME		
INCOME FROM SPECIAL EVENTS.	TOTAL \$ 68,146. \$ 68,146.\$ 0.\$	0.		
STATEMENT 2 FORM 990-PF, PART I, LINE 16C OTHER PROFESSIONAL FEES				
PROFESSIONAL FEES	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED PER BOOKS INCOME NET INCOME TOTAL \$ 3,744. \$ 0. \$ 0.	(D) CHARITABLE PURPOSES \$ 0.		
STATEMENT 3 FORM 990-PF, PART I, LINE 23 OTHER EXPENSES				
SPECIAL EVENT EXPENSES SUPPLIES AND FEES	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED PER BOOKS INCOME NET INCOME \$ 59,462. 277. TOTAL \$ 59,739. \$ 0. \$ 0.	(D) CHARITABLE PURPOSES \$ 0.		
STATEMENT 4 FORM 990-PF, PART VIII, LINE 1 LIST OF OFFICERS, DIRECTORS,	TRUSTEES, AND KEY EMPLOYEES			
	TITLE AND CONTRI AVERAGE HOURS COMPEN- BUTION			
NAME AND ADDRESS	PER WEEK DEVOTED SATION EBP & I	OC OTHER		
LARRY TAYLOR 4710 MILLS CIVIC PKWY #1401 WEST DES MOINES, IA 50265	PRESIDENT & DIR \$ 0.\$	0. \$ 0.		
WILLIAM WARNER, JR 3917 155TH STREET URBANDALE, IA 50323	SEC. TREAS. DIR 0.	0. 0.		

2010	FEDERAL STATEMENTS
CLIENT 161921	THE MERCHANTS BONDING COMPANY FOUNDATION

PAGE 2

7/21/11

26-3035459 11:05AM

STATEMENT 4 (CONTINUED)
FORM 990-PF, PART VIII, LINE 1
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOUR: PER WEEK DEVOT		CONTRI- BUTION TO EBP & DC	ACCOUNT/
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 7117 PELICAN BAY BLVD UNIT 607 NAPLES, FL 34108	DIRECTOR 0	0.	0.	0.
BILL TAYLOR 5115 S. KENTON WAY ENGLEWOOD, CO 80111	DIRECTOR 0	0.	0.	0.
JEFF TAYLOR 919 RAVENDALE PLACE CARY, NC 27513	DIRECTOR 0	0.	0.	0.
	TO	TAL \$ 0.	<u>\$</u> 0.	<u>\$ 0.</u>

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	AMOUNT
BLANK CHILDRENS HOSPITAL 1440 INGERSOLL AVE DES MOINES, IA 50309	NONE	PUBLIC	SUPPORTS THE HEALTH CARE NEEDS OF CHILDREN	\$ 1,000
HOSPICE OF CENTRAL IOWA 2910 WESTOWN PARKWAY #200 WEST DES MOINES, IA 50266	NONE	PUBLIC	MEMORIAL	1,000
YOUTH HOMES OF MID AMERICA 7225 NW 58TH STREET JOHNSTON, IA 50131	NONE	PUBLIC	HELP SHAPE TODAY'S YOUTH INTO TOMORROW'S CAPABLE ADULTS.	1,500
BLANK PARK ZOO FOUNDATION, INC 7401 SW 9TH STREET DES MOINES, IA 50315	NONE	PUBLIC	SUPPORTS THE LOCAL ZOO IN DES MOINES	300

2	1	^
Zι	JI	u

PAGE 3

CLIENT 161921

THE MERCHANTS BONDING COMPANY FOUNDATION

26-3035459

7/21/11

11 05AM

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	AMOUNT
DES MOINES SYMPHONY 221 WALNUT STREET DES MOINES, IA 50309	NONE	PUBLIC	SUPPORTS THE SYMPHONY IN DES MOINES.	\$ 1,000.
DES MOINES METRO OPERA 106 WEST BOSTON AVE INDIANOLA, IA 50125	NONE	PUBLIC	SUPPORTS THE OPERA 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.	500.
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.	4,000.
JUVENILE DIABETES SOUTHEASTERN WI CHAPT 333S NORTH MAYFAIR ROAD SUITE 107 WAUWATOSA, WI 53222	NONE	PUBLIC	MEMORIAL	50.
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.	500.

2010	FEDERAL STATEMENTS	PAGE 4
CLIENT 161921	THE MERCHANTS BONDING COMPANY FOUNDATION	26-3035459
7/21/11		11 05AM

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	AMOUNT
LYMPHOMA & LEUKEMIA SOCIETY 8033 UNIVERSITY DES MOINES, IA 50325	NONE	PUBLIC	CURE LEUKEMIA, LYMPHOMA, HODGKIN'S DISEASE AND MYELOMA, AND IMPROVE THE QUALITY OF LIFE OF PATIENTS AND THEIR FAMILIES.	\$ 70,240.
ORCHARD PLACE 2116 GRADE AVE DES MOINES, IA 50312	NONE	PUBLIC	DEVELOP STRONG FUTURES FOR CHILDREN AND YOUTH WITH MENTAL HEALTH AND BEHAVIORAL CHALLENGES.	3,674.
UNITED WAY OF CENTRAL IOWA 1111 NINTH STREET, SUITE 100 DES MOINES, IA 50314	NONE	PUBLIC	IMPROVES LIVES BY MOBILIZING THE CARING POWER OF COMMUNITIES AROUND THE WORLD TO ADVANCE THE COMMON GOOD.	3,500.
VARIETY, THE CHILDREN'S NETWORK 505 5TH AVE SUITE 310 DES MOINES, IA 50309	NONE	PUBLIC	HELPING UNDERPRIVILEDGED , AT-RISK AND SPECIAL NEEDS CHILDREN IN IOWA.	3,340.
IOWA STATE UNIVERSITY FOUNDATION 2505 UNIVERSITY BLVD, P.O. BOX 2230 AMES, IA 50010	NONE	PUBLIC	ESSENTIAL IN BUILDING THE FINANCIAL BASE TO SUSTAIN LONG-TERM GROWTH OF ISU.	2,500.
UNIVERSITY OF IOWA FOUNDATION P.O. BOX 4550 IOWA CITY, IA 52244	NONE	PUBLIC	PROVIDES SUPPORT FOR THE GENERAL ATHLETIC BUDGET FOR THE UNIVERSITY OF IOWA.	2,400.

	·		· · · · · · · · · · · · · · · · · · ·	
2010	FEDERAL STA	TEMENT	S	PAGE 5
CLIENT 161921 THE MERC	CHANTS BONDING (OMPANY FO	UNDATION	26-3035459
7/21/11 STATEMENT 5 (CONTINUED) FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR	R			11 05AM
NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	 AMOUNT
BOYS & GIRLS CLUB OF CENTRAL IOWA 1350 E WASHINGTON DES MOINES, IA 50316	NONE	PUBLIC	TO PROVIDE CONTINUED DAILY ACCESS TO LIFE-ENRICHING PROGRAMS AND UNIQUE LEARNING OPPPORTUNITIES TO YOUNG PEOPLE IN THE COMMUNITY.	\$ 2,000.
MAKE A WISH FOUNDATION IA 3024 104TH STREET URBANDALE, IA 50322	NONE	PUBLIC	GRANTING WISHES OF CHILDREN WITH LIFE-THREATENING MEDICAL CONDITIONS TO ENRICH THE HUMAN EXPERIENCE WITH HOPE, STRENGTH AND JOY.	2,000.
YMCA, EVERY KID COUNTS 1611 11TH ST DES MOINES, IA 50314	NONE	PUBLIC	BENEFITS CHILDREN AND FAMILIES THROUGH FINANCIAL SCHOLARSHIPS TO PARTICIPATE IN YMCA PROGRAMS.	1,100.
CHILDREN & FAMILIES OF IOWA 1111 UNIVERSITY AVE DES MOINES, IA 50314	NONE	PUBLIC	PROVIDES SAFE SHELTER AND SUPPORT FOR VICTIMS FLEEING DOMESTIC VIOLENCE.	1,000.
AIB COLLEGE OF BUSINESS 2500 FLEUR DRIVE DES MOINES, IA 50321	NONE	PUBLIC	5041 SCHOLARSHIP	1,000.
RONALD MCDONALD HOUSE 1441 PLEASANT STREET DES MOINES, IA 50314	NONE	PUBLIC	SUPPORT FOR FAMILIES OF CHILDREN RECEIVING CRITICAL MEDICAL CARE IN DES MOINES.	800.

	_	_
20	-	_
/!!		
/ LI		

PAGE 6

CLIENT 161921

THE MERCHANTS BONDING COMPANY FOUNDATION

26-3035459

7/21/11

11.05AM

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	AMOUNT
SCIENCE CENTER OF IOWA & BLANK IMAX DOME 401 MARTIN LUTHER KING JR. PKWY DES MOINES, IA 50309	NONE	PUBLIC	TO BE THE HIGHEST QUALITY RESOURCE INSPIRING SCIENTIFIC EXPLORATION THROUGH INTERACTIVE EDUCATION, PROGRAMS AND EXHIBITS.	\$ 750.
MIDLANDS COMMUNITY FOUNDATION 945 NORTH ADAMS STREET, SUITE 7 PAPILLION, NE 68046	NONE	PUBLIC	TO BENEFIT THE DIVERSE NEEDS OF SARPY AND CASS COUNTY COMMUNITIES BY PROVIDING FINANCIAL SUPPORT, INVOLVEMENT AND SERVICE.	750.
FRIENDS OF KUEMPER BALL 116 SOUTH EAST STREET CARROLL, IA 51401	NONE	PUBLIC	FUNDRAISER FOR THE KUEMPER CATHOLIC SCHOOL SYSTEM.	500.
RIVERFRONT YMCA, RED FLANNEL RUN 101 LOCUST STREET DES MOINES, IA 50309	NONE	PUBLIC	PROCEEDS HELP SUBSIDIZE YMCA YOUTH AND FAMILY MEMBERSHIPS.	500.
CYSTIC FIBROSIS FOUNDATION DES MOINES 1025 ASHWORTH ROAD #512 WEST DES MOINES, IA 50265	NONE	PUBLIC	TO PROVIDE MEDICAL RESEARCH, DEVELOP NEW DRUGS AND THERAPIES, PROVIDE CARE, AND ULTIMATELY TO FIND A CURE FOR CYSTIC FIBROSIS.	500.
THE KIDNEY FOUNDATION 2951 FLOWERS RD SOUTH ATLANTA, GA 30341	NONE	PUBLIC	MEMORIAL	50.

20	4	
ZU		u

PAGE 7

CLIENT 161921

THE MERCHANTS BONDING COMPANY FOUNDATION

26-3035459 11 05AM

7/21/11

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	AMOUNT
IOWA INS HALL OF FAME 10546 JUSTIN DRIVE URBANDALE, IA 50322	NONE	PUBLIC	TO HONOR THOSE INDIVIDUALS WHO HAVE MADE AN IMPACT ON THE INSURANCE INDUSTRY IN IOWA.	\$ 250.
GIRL SCOUTS OF GREATER IA 10715 HICKMAN ROAD DES MOINES, IA 50322	NONE	PUBLIC	BUILDS GIRLS OF COURAGE, CONFIDENCE AND CHARACTER WHO MAKE THE WORLD A BETTER PLACE	250.
HOLY FAMILY INNER CITY YOUTH FOUNDATION P.O. BOX 8437 DES MOINES, IA 50301	NONE	PUBLIC	PROVIDES TUITION ASSISTANCE FOR MANY NEEDY CHILDREN.	300.
MERCY HOSPICE 411 LAUREL STREET #3250 DES MOINES, IA 50314	NONE	PUBLIC	MEMORIAL	100.
ARTHRITIS FOUNDATION IOWA CHAPTER 2600 72ND STREET SUITE D DES MOINES, IA 50322	NONE	PUBLIC	TO IMPROVE LIVES THROUGH LEADERSHIP IN THE PREVENTION, CONTROL AND CURE OF ARTHRITIS AND RELATED DISEASES.	250.
ANY BABY CAN 217 HOWARD SAN ANTONIO, TX 78212	NONE	PUBLIC	TO SERVE FAMILIES OF CHILDREN FACING SERIOUS CHRONIC ILLNESS AND DISABILITIES.	250.
BIG BROTHERS BIG SISTERS OF GREATER KC 3908 WASHINGTON STREET KANSAS CITY, MO 64111	NONE	PUBLIC	ORGANIZATION MATCHES CHILDREN OF ONE-PARENT FAMILIES, IN ONE-TO-ONE FRIENDSHIPS. CREATING FRIENDSHIPS THAT OTHERWISE WOULD NOT HAPPEN.	100.

20	•	
/(1		и

PAGE 8

CLIENT 161921

THE MERCHANTS BONDING COMPANY FOUNDATION

26-3035459

7/21/11

11[.]05AM

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	AMOUNT
YMCA OF GREATER DM 101 LOCUST STREET DES MOINES, IA 50309	NONE	PUBLIC	BUILD STRONG KIDS, STRONG FAMILIES AND STRONG COMMUNITIES.	\$ 300.
LUTHER MEMORIAL CHURCH 1201 GRANDVIEW AVE DES MOINES, IA 50316	NONE	PUBLIC	MEMORIAL	100.
SPECIAL OLYMPICS OVER THE EDGE 4801 INDIAN SCHOOL RD NE SUITE 100 ALBUQUERQUE, NM 87110	NONE	PUBLIC	PROVIDES YEAR-ROUND SPORTS TRAINING AND ATHLETIC COMPETITION IN A VARIETY OF OLYMPIC-TYPE SPORTS FOR CHILDREN AND ADULTS WITH MENTAL CHALLENGES.	200.
RJF AGENCIES 7225 NORTHLAND DRIVE N #300 MINNEAPOLIS, MN 55428	NONE	PUBLIC	HELPED PREPARE 25 LOW INCOME HIGH SCHOOL STUDENTS FOR COLLEGE.	200.
NAMI IOWA 5911 MEREDITH DRIVE SUITE E DES MOINES, IA 50322	NONE	PUBLIC	MEMORIAL	250.
ALLINA HOSPICE FOUNDATION 333 NORTH SMITH AVE #4640 ST PAUL, MN 55102	NONE	PUBLIC	MEMORIAL	50.
MERCY FOUNDATION 411 LAUREL STREET SUITE A110 DES MOINES, IA 50314	NONE	PUBLIC	MEMORIAL	250.
			TOTAL	\$ 110,554.

(Rev January 2011)

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

Department of the Treasury Internal Revenue Service If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box.

► X

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868 Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)

corporation request an (Associated	required to file Form 990-T), or an additional (not extension of time to file any of the forms listed in With Certain Personal Benefit Contracts, which milling of this form, visit www irs gov/efile and click of	t automatic) Part I or Pa iust be sent	3-month extension of time You can eleart II with the exception of Form 8870, Into the IRS in paper format (see instruct	ectronic oformat	cally file F tion Retur	orm 8868 to n for Transfers
Part I A	Automatic 3-Month Extension of Time.	Only subm	nit original (no copies needed).			
A corporation	on required to file Form 990-T and requesting an	automatic 6	-month extension - check this box and	comple	ete Part I	only >
All other co income tax	rporations (including 1120-C filers), partnerships, returns	REMICS, a	nd trusts must use Form 7004 to reques	t an ex	ktension o	f time to file
	Name of exempt organization			Emplo	yer identifica	ition number
Type or				ŀ		
print	THE MERCHANTS BONDING COMPANY	FOUNDAT	TION	26-	303545	9
File by the due date for Number, street, and room or suite number. If a P O box, see instructions						
filing your return See	2100 FLEUR DRIVE					
instructions	City, town or post office, state, and ZIP code. For a foreign add	lress, see instru	ctions			
	DES MOINES, IA 50321					
Enter the R	eturn code for the return that this application is fo	or (file a ser	parate application for each return)			04
Application Is For		Return Code	Application Is For			Return Code
Form 990		01	Form 990-T (corporation)			07
Form 990-B	BL	02	Form 1041-A			08
Form 990 <u>-E</u>	Z	03	Form 4720			09
Form 990-F	F	04	Form 5227			10
Form 990-T	(section 401(a) or 408(a) trust)	05	Form 6069		11	
Form 990-T	(trust other than above)	06	Form 8870			12
Telephon If the or If this is check the external interpretation in the external interpretat	this are in the care of LARRY TAYLOR The No (515) 243-8171 Trigganization does not have an office or place of but a for a Group Return, enter the organization's four this box [If it is for part of the group, check the content of the group, check the case of the companies of the exempt of the exempt organization is for the organization's return for the calendar year 20 10 or tax year beginning [Inc.], 20 The tax year entered in line 1 is for less than 12 month angle in accounting period	digit Group k this box ation require ganization r	e United States, check this box Exemption Number (GEN) and attach a list with the names ed to file Form 990-T) extension of time eturn for the organization named above		Ns of all n	
3a If this nonre	application is for Form 990-BL, 990-PF, 990-T, 4 fundable credits. See instructions.	720, or 6069	9, enter the tentative tax, less any	3a	\$	0.
b If this paym	application is for Form 990-PF, 990-T, 4720, or 6 ents made. Include any prior year overpayment a	069, enter a llowed as a	any refundable credits and estimated ta credit	36	\$	0.
c Balan EFTP	ic e due. Subtract line 3b from line 3a - Include you S (Electronic Federal Tax Payment System) See	r payment instructions	with this form, if required, by using s	3c	\$	0.
Caution. If	you are going to make an electronic fund withdra	wal with this	s Form 8868, see Form 8453-EO and Fo	rm 887	79-EO for	

BAA For Paperwork Reduction Act Notice, see Instructions.

payment instructions

Form 8868 (Rev 1-2011)