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SCANNED JAN 0 7 2013

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

2011
Open to Public Inspection

| A | For th | he 2011 calendar year, or tax year beginning $$ JUL $1,$ 2011 $$ and end | ding J | <u>UN 30, 2012</u> | | | | | | |
|-----------------------------|---------------------|---|--|-----------------------------|-------------------------------|--|--|--|--|--|
| В | Check i applical | C Name of organization | | D Employer identific | cation number | | | | | |
| | Addr | ess D.M.A.C.C. FOUNDATION | | | | | | | | |
| Ē | Nam chan | | | 23-7229486 | | | | | | |
| | Initia | | om/suite | | | | | | | |
| | Term | · · | | • | 964-6483 | | | | | |
| | Ame | nded O | | G Gross receipts \$ | 1,787,571. | | | | | |
| | Appl | | | H(a) Is this a group re | | | | | | |
| | pend | F Name and address of principal officer MIKE GRANDGEORGE | | for affiliates? | Yes X No | | | | | |
| | | SAME AS C ABOVE | | H(b) Are all affiliates inc | luded? Yes No | | | | | |
| 1 | Tax-ex | xempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or [| 527 | If "No," attach a | list (see instructions) | | | | | |
| J | Webs | ite: ► WWW.DMACC.CC.IA.US/FOUNDATION/ | | H(c) Group exemption | n number 🕨 | | | | | |
| K | Form o | f organization: X Corporation Trust Association Other ▶ | L Year o | of formation: 1972 N | State of legal domicile: IA | | | | | |
| P | art I | Summary | | | | | | | | |
| Governance | 1 - | Briefly describe the organization's mission or most significant activities. RECEIV | E DO | NATIONS FOR | DMACC. | | | | | |
| rna | 2 | Check this box if the organization discontinued its operations or disposed | of more | than 25% of its net as | sets | | | | | |
|) Ve | 3 | Number of voting members of the governing body (Part VI, line 1a) | | 3 | .18 | | | | | |
| Ğ | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | | 4 | 18 | | | | | |
| Activities & | 5 | Total number of individuals employed in calendar year 2011 (Part V, line 2a) | | 5 | 0 | | | | | |
| ŧ | 6 | Total number of volunteers (estimate if necessary) | | 6 | 0 | | | | | |
| Ę | 7 a | Total unrelated business revenue from Part VIII, column (C), line 12 | | 7a | 0. | | | | | |
| ⋖ | | Net unrelated business taxable income from Form 990-T, line 34 | | 7b | 0. | | | | | |
| | | | | Prior Year | Current Year | | | | | |
| a) | 8 | Contributions and grants (Part VIII, line 1h) | | 1,863,615. | 1,645,868. | | | | | |
| ğ | 9 | Program service revenue (Part VIII, line 2g) | | 0. | 0. | | | | | |
| Revenue | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 150,543. | 141,703. | | | | | |
| α | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 0. | 0. | | | | | |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 2,014,158. | 1,787,571. | | | | | |
| | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 5,164,705. | 968,825. | | | | | |
| | 14 | Benefits paid to or for members (Part X column (A), line 4) | | 0. | 0. | | | | | |
| S | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 0. | 0. | | | | | |
| use | 16a | Professional fundraising fees (Part IX, column (A) line 11e) | | 0. | 0. | | | | | |
| Expenses | b | Total fundraising expenses (Part IX, column (p) Jime 25) 29,750 | <u>. </u> | 4 | · 1, · · · · | | | | | |
| Ш | 17 | Other expenses (Part IX, column (A), lines 11a 111 d, 11f-24e) | | 332,099. | 133,949. | | | | | |
| | 18 | Total expenses Add-lines 13:17 (must equal Part X, column (A), line 25) | | 5,496,804. | 1,102,774. | | | | | |
| | 19 | Revenue less expenses Subtract line 18 from line 12 | | -3,482,646. | 684,797. | | | | | |
| Net Assets or Fund Balances | | | Beg | ginning of Current Year | End of Year | | | | | |
| set | 20 | Total assets (Part X, line 16) | | 8,259,615. | <u>8,648,392.</u> | | | | | |
| \$\frac{1}{2} | 21 | Total liabilities (Part X, line 26) | | 550,000. | 428,998. | | | | | |
| | | Net assets or fund balances. Subtract line 21 from line 20 | | 7,709,615. | 8,219,394. | | | | | |
| | art II | | | | | | | | | |
| | | alties of perjuryal declars that I pave examined this return, including accompanying schedules an | | | / knowledge and belief, it is | | | | | |
| true | , corre | ct, and consider. Declaration of preparer (other than officer) is based on all information of which | preparer | has any knowledge. | 7.75 | | | | | |
| | | Signature of officer | | 1/~ 4 | 012 | | | | | |
| Sig | | | | Date | | | | | | |
| He | re | MIKE GRANDGEORGE, TREASURER | | | | | | | | |
| | | Type or print name and title | | lato las la | DTW | | | | | |
| ۲. | _ | Print/Type preparer's name Print/Type preparer's supprature | - 1 | late Check | PTIN | | | | | |
| Pai | | DAVID ELLIS Yavr 200 | | 1-17-12 self-employe | | | | | | |
| | parer | Firm's name DENMAN & COMPANY, LLP | | Firm's EIN | 42-0794029 | | | | | |
| Use | Only | Firm's address 1601 22ND STREET, SUITE 400 | | | 15 005 0400 | | | | | |
| | | WEST DES MOINES, IA 50266-1453 | | Phone no. 5 | 15-225-8400 | | | | | |
| <u>Ma</u> | y the | RS discuss this return with the preparer shown above? (see instructions) | | | X Yes No | | | | | |

| | | 23-7229486 | Page 2 |
|------|---|----------------------|---------------------------------------|
| Pa | rt III Statement of Program Service Accomplishments | | |
| | Check if Schedule O contains a response to any question in this Part III | | |
| 1 | Briefly describe the organization's mission | | |
| | RECEIVE DONATIONS FOR DMACC. | | |
| | | | |
| | | | |
| | | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on | | |
| _ | the prior Form 990 or 990-EZ? | Vac | X No |
| | If "Yes," describe these new services on Schedule O | 163 | 140 |
| _ | | Г | ₹ |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? | L Yes | X No |
| | If "Yes," describe these changes on Schedule O | | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as m | | |
| | Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of gr | ants and allocations | to |
| | others, the total expenses, and revenue, if any, for each program service reported | | |
| 4a | (Code) (Expenses \$ 666,726. Including grants of \$ 666,726.) (Revenue | \$ |) |
| | PROVIDE GRANTS, SCHOLARSHIPS AND OTHER ASSISTANCE TO STU | | S |
| | MOINES AREA COMMUNITY COLLEGE. | | == |
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| | | | |
| | 202 000 | | |
| 4b | (Code) (Expenses \$ 302,099. including grants of \$ 302,099.) (Revenue | |) |
| | PROVIDE GRANTS AND OTHER ASSISTANCE TO DES MOINES AREA CO | YTINUMMC | |
| | COLLEGE. | | |
| | | <u> </u> | |
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| | | | |
| 4c | (Code) (Expenses \$ 14,499 • including grants of \$) (Revenue | \$ |) |
| | RENTAL REAL ESTATE EXPENSES ON PROPERTY LEASED TO AFFILIA | ATE | |
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| | | | |
| | | | |
| 4d | Other program services (Describe in Schedule O) | | |
| | (Expenses \$ including grants of \$) (Revenue \$ | | |
| 4e | Total program service expenses ▶ 983,324. | | |
| | | Form 9 | 90 (2011) |
| 3200 | 2 | | . , |

| | | | Yes_ | No |
|-----|--|-------------|----------------------|----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | _1_ | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | ** |
| | public office? If "Yes," complete Schedule C, Part I | _3_ | – | <u>X</u> |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | _ | | 7.7 |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | X |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | _ | | v |
| _ | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | 6 | | х |
| 7 | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, | . 0 | | - 21_ |
| ′ | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | • | | |
| | Schedule D, Part III | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide | | | |
| • | credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | X |
| 10- | -Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent | | | |
| | endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X | ** | | 4777 T |
| | as applicable | | 3 h | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | X | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | <u>X</u> |
| С | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total | | | v |
| _ | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | - | _X_ |
| a | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | х |
| ۵ | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | X | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| • | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | Х | - |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI, XII, and XIII | 12a | X | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional | 12b | | <u>X</u> |
| 13 | is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | |
| | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | _X_ |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | 37 |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | <u>X</u> |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization | 45 | | х |
| 40 | or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals | 15 | | |
| 16 | located outside the United States? If "Yes," complete Schedule F, Parts III and IV | 16 | | x |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| •• | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | x |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | <u></u> | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | X |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | l |
| | complete Schedule G, Part III | 19 | | X |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 2 0a | ļ | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | <u> </u> |
| | | | $\alpha\alpha\alpha$ | 2011\ |

| | • | | Yes | No |
|-----|--|------------|-------------|------------|
| 21 | Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the | | ļ | |
| | United States on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II | 21 | X | |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, | | | |
| | column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | ļ | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | 1 | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | | <u> X</u> |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K If "No", go to line 25 | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | ļ | |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a | | | |
| | disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | <u>X</u> _ |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | Schedule L, Part I | 25b | | X |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified | _ | | 37 |
| | person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | | _X_ |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial | | | |
| | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member | | | v |
| | of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | | , ° √- * | - 1 |
| _ | instructions for applicable filing thresholds, conditions, and exceptions): | | | ~ \$~~ |
| a | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a 28b | | X |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 280 | | |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | Х |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | 29 | | |
| | contributions? If "Yes," complete Schedule M | 30 | | Х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | 30 | | |
| ٠. | If "Yes," complete Schedule N, Part I | 31 | | Х |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | - | | |
| - | Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? | | | - |
| | If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 | 34 | х | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of | | | |
| | section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | ' I | _X |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | . | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? | | | |
| | Note. All Form 990 filers are required to complete Schedule O | 38 | X | |
| | | Form ' | 990 (| 2011) |

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| | Check if Schedule O contains a response to any question in this Part V | | | | |
|--------|--|------------------------------|----------|---------------|----------|
| | | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable | 1a C | | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b C | | | ĺ. |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and re | eportable gaming | | | |
| | (gambling) winnings to prize winners? | | 1c | _ | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | | |
| | filed for the calendar year ending with or within the year covered by this return | 2a 0 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns | rns? | 2b | | L |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions | s) | | | - ddn |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | 3a | | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | | 3b_ | | ļ |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other | authority over, a | | | Į |
| | financial account in a foreign country (such as a bank account, securities account, or other financial | account)? | 4a | | X |
| b | If "Yes," enter the name of the foreign country. ▶ | | | | 1 |
| | See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial A | Accounts | | | · |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | _ | 5a_ | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa | ction? | 5b | | X |
| | If "Yes,"-to-line 5a or-5b,-did the organization file-Form-8886-T? | - | 5c | | |
| ьа | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the any contributions that were not tay deductible? | ie organization solicit | | | х |
| b | any contributions that were not tax deductible? If "Yes," did the organization include with every solicitation an express statement that such contribut | ione or aifte | 6a | | |
| b | were not tax deductible? | ions or girts | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | - 55 | | , |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and sei | vices provided to the payor? | 7a | | х |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | , , , | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | as required | | | |
| | to file Form 8282? | | 7c | | X |
| ď | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of | ontract? | 7e | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control | | 7f | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Fo | | 7g | | - |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, airplanes, airplanes | | 7h | | |
| -8- | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Di | | | ~ - | |
| 0 | organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at | any time ourning the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? | | 9a | , | i ' |
| a b | Did the organization make a distribution to a donor, donor advisor, or related person? | | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | - 55 | , | 1.1 |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | €¶. ' |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | 1 | | ' |
| 11 | Section 501(c)(12) organizations. Enter. | | | | |
| а | Gross income from members or shareholders | 11a | | متزمتمله | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against | | | | |
| | amounts due or received from them) | 11b | | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | ļ i | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | <u> </u> | - | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | • | 13a | | |
| | Note. See the instructions for additional information the organization must report on Schedule O | | | | ĺ |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | 405 | | | |
| _ | organization is licensed to issue qualified health plans | 13b | | | |
| | Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? | 13c | 14a | | Х |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul | e () | 14a | | 41 |
| | | | | 990 | (2011) |

132005 01-23-12

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

| | Check if Schoolule O contains a response to any question in this Best VI | | | X |
|--------|---|---------|-------------|----------|
| Sec | Check if Schedule O contains a response to any question in this Part VI tion A. Governing Body and Management | | | لمبا |
| | ton 7th do-to-ming body and management | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 18 | | 103 | 110 |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | |
| | body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent 1b 18 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | |
| | officer, director, trustee, or key employee? | 2 | | Х |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | - | |
| | of officers, directors, or trustees, or key employees to a management company or other person? | 3 | | Х |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | Х |
| 6 | Did the organization have members or stockholders? | 6 | | Х |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | | | |
| | more members of the governing body? | 7a | | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | |
| | persons other than the governing body? | 7b | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| а | The governing body? | 8a | Х | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Х | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | |
| | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | Х |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) | | | |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | X |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | X | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | | X |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | | _ |
| C | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | |
| | ın Schedule O how this was done | 12c | | |
| 13 | Did the organization have a written whistleblower policy? | 13 | | X |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | | X |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | | X |
| b | Other officers or key employees of the organization | 15b | | X |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | _ | | _ |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | |
| | taxable entity during the year? | 16a | _ | X |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | | |
| | exempt status with respect to such arrangements? | 16b | | |
| | tion C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ► NONE | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a | ıvaılab | le | |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | |
| | Own website Another's website X Upon request | | | |
| 19 | Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and | d finar | icial | |
| | statements available to the public during the tax year. | | | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the organiza | tion. | | |
| | DAVID ABEGGLEN - (515) 964-6843 | | | |
| 13200 | | F | 000 | 00441 |
| 01-23- | 12 | LOLW | 990 (| ZU [1) |

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D.M.A.C.C. FOUNDATION

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

| (A) Name and Title | (B) Average | (C) Position (do not check more than one box, unless person is both an | | | | | | (D) Reportable | (E) Reportable | (F) Estimated |
|---------------------------|---|--|-----------------------|----------|--------------|------------------------------|--------|--|------------------------------------|---|
| | hours per week | offic | | | | is bot or/trus | | compensation from | compensation from related | amount of other |
| - | (describe hours for related organizations in Schedule O) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the _ organization (W-2/1099-MISC) | _ organizations (W-2/1099-MISC) | from the organization and related organizations |
| (1) CORINE HADLEY | | | | | | | | | | |
| MEMBER | 1.00 | X | | | <u> </u> | ļ | | 0. | 0. | 0. |
| (2) CURTIS VAN VELDHUIZEN | 1 00 | | | | l | | | • | 0 | _ |
| VICE-PRESIDENT | 1.00 | X | _ | X | <u> </u> | <u> </u> | | 0. | 0. | 0. |
| (3) DAVID VANSICKEL | 1 00 | ٦, | | | | | | | 0 | _ |
| MEMBER | 1.00 | X | _ | _ | - | <u> </u> | | 0. | 0. | 0. |
| (4) DENNIS ALBAUGH | 1 00 | ₩. | | | | | | 0 | 0 | 0 |
| MEMBER | 1.00 | X | _ | _ | _ | | | 0. | 0. | 0. |
| (5) DONALD LAMBERTI | 1 00 | x | | | | | | 0. | 0. | ^ |
| EMERITUS | 1.00 | <u> </u> | | - | | | - | U• | | 0. |
| (6) DOTTY THURSTON | 1.00 | X | | | | | l | 0. | 0. | 0. |
| MEMBER (7) | 1.00 | ┢ | _ | | \vdash | \vdash | | | <u> </u> | <u> </u> |
| (7) ELLEN GAUCHER | 1.00 | X | | Х | | | | 0. | 0. | 0. |
| PRESIDENT (8) EWA PRATT | 1.00 | ^ | | ^ | - | ╁ | | 0. | • | - 0. |
| MEMBER | 1.00 | x | | | ŀ | | | 0. | 0. | 0. |
| (9) JAMES FLEMING | 1.00 | | | | | 77 | | | | |
| MEMBER | 1.00 | x | | | | - | | 0. | 0. | 0. |
| (10) JAMES SPOONER | | | | | | t | | • | | |
| PAST PRESIDENT | 1.00 | X | | | | | | 0. | 0. | 0. |
| (11) MIKE GRANDGEORGE | | | | | | | | | | |
| TREASURER | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (12) MIKE KAMMERER | | | | | | | | | | |
| SECRETARY | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (13) ROBERT HORNER | | | | | | | | | | |
| EMERITUS | 1.00 | X | | | | | | 0. | 0. | 0. |
| (14) ROGER HARGENS | | | | | | | | | | |
| MEMBER | 1.00 | X | | | <u> </u> | | | 0. | 0. | 0. |
| (15) S. AHMED MERCHANT | | | | | | | | | | |
| MEMBER | 1.00 | X | <u> </u> | | | | | 0. | 0. | 0. |
| (16) SARAH GRANT | | | | | | | | _ | _ | _ |
| MEMBER | 1.00 | X | <u> </u> | <u> </u> | <u> </u> | ــــــ | | 0. | 0. | 0. |
| (17) WALTER SMITH | 1 | | | | | | | _ | _ | |
| MEMBER | 1.00 | X | L | <u> </u> | | L | L | 0. | 0. | 0. |
| 132007 01-23-12 | | | | | | | | | | Form 990 (2011) |

| Part VII Section A. Officers, Directors, Tr | <u>ųstees, Key E</u> | mpk | oyee | es, a | nd l | High | est | Compensated Employ | ees (continued) | | | | |
|--|--|-------------|-----------------------|------------------------|--------------|------------------------------|--------|---------------------------------------|--------------------------------|----------|-----------------|-------------------|--|
| (A) Name and title | (B) (C) Average Position (do not check more than one | | | | | า | | (D) Reportable | (E) Reportable | | (F) Estimate | | |
| | hours per week | box | , unle | heck ss pe d a d | rson | is bot | h an | compensation | compensation from related | I | | | |
| | (describe hours for | or director | | | | 20 | | the organization | organizations (W-2/1099-MIS | | • | nsation the | |
| | related organizations | 25 | trustee | | | pensate | | (W-2/1099-MISC) | (17 2 1000 11110 | , | organ | ızatıon | |
| | in Schedule O) | . = | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | | | elated zations | |
| (18) JAMES GRETEMAN | 1.00 | | | | | Ξ. 00 | | 0. | | 0. | | 0 | |
| MEMBER (19) TARA CONNOLLY | 1.00 | A | | | | | | 0. | | - | | | |
| EXECUTIVE DIRECTOR | 40.00 | | | X | | | _ | 0. | 72,00 |)6. | 5 | ,905 | |
| | | - | | | _ | - | - | | | _ | | | |
| | | | | | | <u> </u> | | | | | | | |
| | | | | | _ | | | | | - | | | |
| | | | | | | | | | | _ | | | |
| | | | | _ | _ | | - | | | | | | |
| | | <u> </u> | | | | | | | | | | | |
| 1b Sub-total | | | | · | | <u> </u> | | 0. | 72,00 |)6. | 5 | ,905 | |
| c Total from continuation sheets to Part V | II, Section A | | | | | > | | 0. | | 0. | | 0 | |
| d Total (add lines 1b and 1c) 2 Total number of individuals (including but r | not limited to th | nose | liste | ed al | bov | e) w | no r | eceived more than \$100 | 72,00 ,000 of reportable | | 5 | <u>,905</u> | |
| compensation from the organization | | | | _ | | | | | | | Y | es No | |
| 3 Did the organization list any former officer | | | e, ke | y er | nplo | oyee | , or | highest compensated ei | mployee on | | | v | |
| line 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the si | | | omp | ensa | atior | n and | d ot | her compensation from | the organization | - | 3 | <u> </u> | |
| and related organizations greater than \$15 | | | • | | | | | | | - | 4 | X | |
| 5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," con | | | | | - | | elat | ted organization or indivi | dual for services | | 5 | x | |
| Section B. Independent Contractors | · | | | | | | | | | | | | |
| Complete this table for your five highest co the organization. Report compensation for | - | | | | | | | | | pensa | tion froi | m | |
| (A) Name and business | | | | | *1611 | ,` | | (B) Description of s | | Cc | (C) | ation | |
| | | TAŽ | INC | <u> </u> | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | - | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | - | | | | | | <u> </u> | | | | | |
| 2 Total number of independent contractors (| | not lu | mıte | d to | | se li | stec | d above) who received m | nore than | | | | |
| \$100,000 of compensation from the organi | ZaliUiT | | | | | <u> </u> | | · · · · · · · · · · · · · · · · · · · | | F | orm 9 9 | 0 201 | |

Form **990** (2011)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

| | Check if Schedule O contains a response to any question in this Part IX | | | | | | | | | | |
|----------|---|-----------------------|------------------------------------|-------------------------------------|---|--|--|--|--|--|--|
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses | | | | | | |
| 1 | Grants and other assistance to governments and | | | | | | | | | | |
| | organizations in the United States. See Part IV, line 21 | 968,825. | 968,825. | | | | | | | | |
| 2 | Grants and other assistance to individuals in | | | | | | | | | | |
| | the United States See Part IV, line 22 | | | · | · | | | | | | |
| 3 | Grants and other assistance to governments, | | | | | | | | | | |
| | organizations, and individuals outside the | | | | | | | | | | |
| | United States See Part IV, lines 15 and 16 | | | | | | | | | | |
| 4 | Benefits paid to or for members | | | | | | | | | | |
| 5 | Compensation of current officers, directors, | | | | | | | | | | |
| | trustees, and key employees | | | | | | | | | | |
| 6 | Compensation not included above, to disqualified | | | | | | | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | | | | | | | |
| _ | persons described in section 4958(c)(3)(B) | | | | - | | | | | | |
| 7 | Other salaries and wages | | | | | | | | | | |
| 8 | Pension plan accruals and contributions (include | | | | | | | | | | |
| 9 | section 401(k) and section 403(b) employer contributions) Other employee benefits | | | | | | | | | | |
| _ | Payroll taxes | | | | | | | | | | |
| 10 11 | Fees for services (non-employees) | | | | | | | | | | |
| '' | Management | | | | | | | | | | |
| b | Legal | | | | | | | | | | |
| c | Accounting | | | | | | | | | | |
| d | Lobbying | | | | | | | | | | |
| e | Professional fundraising services. See Part IV, line 17 | | | - 1 5 1 3 | | | | | | | |
| f | Investment management fees | | | | | | | | | | |
| g | Other | | | | | | | | | | |
| 12 | Advertising and promotion | | | | ' | | | | | | |
| 13 | Office expenses | | | | | | | | | | |
| 14 | Information technology | | | | | | | | | | |
| 15 | Royalties | | | | | | | | | | |
| 16 | Occupancy | | | | | | | | | | |
| 17 | Travel | | | | · <u>····································</u> | | | | | | |
| 18 | Payments of travel or entertainment expenses | | | | | | | | | | |
| | for any federal, state, or local public officials | | | | | | | | | | |
| 19 | Conferences, conventions, and meetings | | | | | | | | | | |
| 20 | Interest | - | | | | | | | | | |
| 21 | Payments to affiliates | | | | | | | | | | |
| 22 | Depreciation, depletion, and amortization Insurance | | | | | | | | | | |
| 23 24 | Other expenses. Itemize expenses not covered | | | | | | | | | | |
| 24 | above. (List miscellaneous expenses in line 24e. if line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) | | | | · · · · · · · · · · · · · · · · · · · | | | | | | |
| а | ADMINISTRATIVE | 89,700. | | 89,700. | | | | | | | |
| b | FUNDRAISING | 29,750. | 4.0.00 | | 29,750. | | | | | | |
| С | REAL ESTATE EXPENSES ON | 14,499. | 14,499. | | | | | | | | |
| d | | | | - | | | | | | | |
| е | All other expenses | 1 100 774 | 002 204 | 00 700 | 20 850 | | | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 1,102,774. | 983,324. | 89,700. | 29,750. | | | | | | |
| 26 | Joint costs. Complete this line only if the organization | | | | | | | | | | |
| | reported in column (B) joint costs from a combined | | 1 | | | | | | | | |
| | educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720) | | | | | | | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | | | | | | | | | | |

| | <u>n 990 (</u> irt X | Balance Sheet | MDAITON | | <u> </u> | 1229486 Page II |
|-----------------------------|-------------------------|--|-------------------------------------|--|----------------|---|
| | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | 1,363,306. | 1 | 1,380,976. |
| | 2 | Savings and temporary cash investments | | | 2 | |
| | 3 | Pledges and grants receivable, net | | 929,378. | 3 | 449,525. |
| | 4 | Accounts receivable, net | | | 4 | |
| | 5 | Receivables from current and former officers, di | · · · · · · · · · · · · · · · · · · | | | |
| | | employees, and highest compensated employee | | | 1 | |
| | | of Schedule L | | • | 5 | |
| | 6 | Receivables from other disqualified persons (as | defined under section | | , , | ļ |
| | " | 4958(f)(1)), persons described in section 4958(c | | | - | |
| | | employers and sponsoring organizations of section | | | | |
| | | employees' beneficiary organizations (see instru | | - | 6 | • |
| ţ | 7 | Notes and loans receivable, net | ctions) | | 7 | |
| Assets | • | Inventories for sale or use | | | 8 | |
| ∢ | 8 | | | | | |
| | 9 | Prepaid expenses and deferred charges | 1 1 | equipment and an investment of the second of | 9 745 | carporates on a system disconnected or a |
| | iua | Land, buildings, and equipment cost or other | 10a <u>57</u> 9,980. | dilus inhous pahionis de dia | andinarisis; | white the same of |
| | | basis Complete Part VI of Schedule D | | 350,404. | 322 | 225 005 |
| - | 1 | Less accumulated depreciation | 10b 244,075. | | 10c | 335,905. |
| | 11 | Investments - publicly traded securities | 5,550,415. | 11 | 6,061,912. | |
| | 12 | Investments other securities See Part IV, line 1 | | 9,889. | 12 | 116,461. |
| | 13 | Investments program-related See Part IV, line | | 13 | | |
| | 14 | Intangible assets | FC 222 | 14 | 202 612 | |
| | 15 | Other assets. See Part IV, line 11 | 56,223. | 15 | 303,613. | |
| | 16 | Total assets. Add lines 1 through 15 (must equi | 8,259,615. | 16 | 8,648,392. | |
| | 17 | Accounts payable and accrued expenses | | 17 | | |
| | 18 | Grants payable | | 18 | | |
| | 19 | Deferred revenue | | 19 | | |
| | 20 | Tax-exempt bond liabilities | | 20 | | |
| es | 21 | Escrow or custodial account liability Complete I | | | 21 | |
| Ĭ | 22 | Payables to current and former officers, director | | و الما | | |
| Liabilities | | highest compensated employees, and disqualifi | ed persons Complete Part II | | \$ 1. | |
| | | of Schedule L | · · · · · · · · · · · · · · · · · · | | _22 | |
| | 23 | Secured mortgages and notes payable to unrela | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated | | | 24 | |
| | 25 | Other liabilities (including federal income tax, pa | | | | |
| | | parties, and other liabilities not included on lines | 17-24) Complete Part X of | | | |
| | | Schedule D | | 550,000. | 25 | 428,998. |
| | 26 | Total liabilities. Add lines 17 through 25 | | 550,000. | 26 | 428,998. |
| | | Organizations that follow SFAS 117, check he | ere X and complete | | , | , |
| ës | 1 | lines 27 through 29, and lines 33 and 34. | | | | |
| ä | 27 | Unrestricted net assets | | 1,072,604. | 27 | 1,176,224. |
| e E | 28 | Temporarily restricted net assets | | 2,996,200. | 28 | 3,227,181. |
| 2 | 29 | Permanently restricted net assets | . \square | 3,640,811. | 29 | 3,815,989. |
| 7 | | Organizations that do not follow SFAS 117, cl | neck here 🕨 📖 and | | | |
| ģ | | complete lines 30 through 34. | | | | |
| ets Sets | 30 | Capital stock or trust principal, or current funds | | | 30 | |
| PSS | 31 | Paid-in or capital surplus, or land, building, or ed | uipment fund | | 31 | |
| Net Assets or Fund Balances | 32 | Retained earnings, endowment, accumulated in | come, or other funds | | 32 | |
| Z | 33 | Total net assets or fund balances | | 7,709,615. | 33 | 8,219,394. |
| | 34 | Total liabilities and net assets/fund balances | | 8,259,615. | 34 | 8,648,392. |

Form **990** (2011)

Form **990** (2011)

* SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

Open to Public Inspection

Employer identification number

| | | | .C. FOUNDATI | | | | | | 23 | <u>-7229</u> | 486 | I |
|-----------|---|--|--|-------------|--|--------------------|------------------------------|--------------------------------|--|--------------|---------|----------|
| Part I | Reason | for Public Char | ity Status (All organi | zations mu | ıst comple | te this pai | t.) See ins | tructions | - | | | |
| The organ | nization is not a | a private foundation | because it is (For lines | 1 through | 11, check | only one b | oox) | | | | | |
| 1 🗔 | A church, co | nvention of churches | s, or association of chui | ches desc | ribed in se | ection 170 | (b)(1)(A)(i) |). | | | | |
| 2 🗀 | A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) | | | | | | | | | | | |
| з 🗀 | A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). | | | | | | | | | | | |
| 4 🔲 | A medical res | search organization o | operated in conjunction | with a hos | spital desc | ribed in se | ection 170 | (b)(1)(A)(ii | i). Enter th | e hospital | 's nam | ne, |
| | city, and stat | :e | | | | | | | | | | |
| 5 | An organizati | on operated for the | benefit of a college or u | niversity o | wned or o | perated by | a governi | mental uni | t described | nı b | | |
| | section 170 | (b)(1)(A)(iv). (Comple | ete Part II) | | | | | | | | | |
| 6 🗀 | A federal, sta | ite, or local governm | ent or governmental uni | it describe | d in sectio | n 170(b)(| 1)(A)(v). | | | | | |
| 7 🗔 | An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in | | | | | | | | | | | |
| | section 170(| b)(1)(A)(vi). (Comple | te Part II) | | | | | | | | | |
| 8 🔙 | A community | trust described in s | ection 170(b)(1)(A)(vi). | (Complete | Part II) | | | | | | | |
| 9 | An-organizati | on that normally rec | eives (1) more than 33 | 1/3% of its | s s u pport f | rom contr | ıbūtıons, n | nembershi | p fees, and | l gross red | eipts | from |
| | activities rela | ted to its exempt fur | nctions - subject to certa | aın exceptı | ons, and (| 2) no more | than 33 1 | 1/3% of its | support fr | om gross | ınvest | ment |
| | income and i | unrelated business ta | axable income (less sec | tion 511 ta | ıx) from bu | sinesses | acquired b | y the orga | nızatıon af | ter June 3 | 0, 197 | '5 |
| | See section | 509(a)(2). (Complete | Part III) | | | | | | | | | |
| 10 | An organizati | on organized and op | perated exclusively to te | st for publ | ic safety S | See secti o | on 509(a)(4 | 4). | | | | |
| 11 [X] | | | perated exclusively for the | | | | | | | - | | or |
| | more publicly | supported organiza | ations described in secti | on 509(a)(| or section | on 509(a)(2 | 2) See se o | ction 509(| a)(3). Chec | k the box | that | |
| | | · · · · <u>- · · · · · · · · · · · · · · ·</u> | organization and compl | | _ | | | | | | | |
| | a X Type I | | | | e III - Fund | • | • | | | Type III - C | | |
| e X | - | • | t the organization is not | | • | - | • | | • | | | .n |
| | | | han one or more publicly | | _ | | | | $\theta(a)(1)$ or se | ection 509 | (a)(2) | |
| f | | | ten determination from | the IRS tha | at it is a Ty | pe I, Type | II, or Type | e III | | | | |
| | | rganization, check th | | | | | | | | | | L |
| g | - | | organization accepted ar | | | • | | ٠. | | | | |
| | | • | irectly controls, either a | | ether with | persons o | described | <u>ın</u> (ii) a <u>n</u> d (i | ııı)_below,_ | | Yes | No |
| | = | | upported organization? | | | | | | | 11g(i) | | X |
| | | | n described in (i) above? | | _ | | | | | 11g(ii) | | X |
| _ | • • | • | person described in (i) | • • | | | | | | 11g(iii) | L | _X_ |
| h | Provide the fo | ollowing information | about the supported or | ganization | (S) | | | | | | | |
| | | <u> </u> | (iii) Type of | k | | | 4.5.11 | (vi) lo | the | | | |
| | of supported | (ii) EIN | organization | | organization sted in your | | u notify the tion in col. | Torganizatio | on in col. E | (vii) Am | | f |
| orga | anization | | (described on lines 1-9 | | document? | | r support? | (ı) organız U.S | ed in the | sup | port | |
| | | | above or IRC section (see instructions)) | Yes | No | Yes | No | Yes | No | | | |
| DEC M | OINES | | (000 mondonono)) | 103 | 110 | 163 | 110 | 163 | 140 | | | |
| | | 42-0926354 | 501(C)(3) | | x | x | 1 | х | | 96 | 8,8 | 25 |
| AKEA | COMMONI | 42-0320334 | <u> </u> | | | | | | | | 0,0 | <u> </u> |
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| - | | | | 1 | | - | | | | | | |
| Total | 1 | | | | | | | | | 96 | 8,8 | 25 |
| | | duction Act Notice | , see the Instructions f | or | 1 | · | L | Schedul | e A (Form | | | |
| | | | , | | | | | | | | | |

132021 01-24-12

Form 990 or 990-EZ.

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

| <u>Se</u> | tion A. Public Support | | | | | | |
|-----------|---|---|--|--|------------------------------|--|----------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| | Gifts, grants, contributions, and | | | | | | |
| | membership fees received (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| 5 | The portion of total contributions | | | | | | |
| | by each person (other than a | | | | | - | |
| | governmental unit or publicly | managerageanana regionnya hasis biga | TO UNIT ALLEY SOUTH THE STREET | १४४मक् इत्यान क्रम्यान वर्षक १२४ इति । १५० वर्ष च्यान जिल्लासम्बद्धी हैं। स्ट्रीस १५० वर्ष | A. In the desirably years of | Contraction of the contraction o | |
| | supported organization) included | in ilikalimentahani | A STREET, STRE | iddau i minii | History Constitution | District Control | _ |
| | on line 1 that exceeds 2% of the | 1707777 | HICHMONE CONTRACTOR | - ACCUMANTAL CONTRACTOR OF THE | | | |
| | amount shown on line 11, | | 1 1 | , | 1 | | |
| | column (f) | , | | | | * | |
| | Public support. Subtract line 5 from line 4 | <u> </u> | | | | | |
| Sec | tion B. Total Support | | | ······································ | | | |
| Cale | ndar year (or fiscal year beginning in) ► | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| 7 | Amounts from line 4 | | | | | | |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties | | | | | | |
| | and income from similar sources | | | | | | |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | ł | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income Do not include gain | | | | | | |
| - ~ | or loss from the sale of capital | | | | 1 | | |
| | assets (Explain in Part IV) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | · . | | 11 | 13 | |
| 12 | Gross receipts from related activities, | etc (see instructi | ons) | | | 12 | |
| 13 | First five years. If the Form 990 is for | r the organization's | s first, second, thir | d, fourth, or fifth t | tax year as a section | n 501(c)(3) | |
| _ | organization, check this box and stor | | | | <u> </u> | | <u> </u> |
| sec | tion C. Computation of Publ | ic Support Pe | rcentage | | | T | |
| | Public support percentage for 2011 (| • | • | olumn (f)) | | 14 | |
| | Public support percentage from 2010 | • | • | | | 15 | |
| 16a | 33 1/3% support test - 2011. If the c | J | | • | 14 is 33 1/3% or r | nore, check this bo | x and |
| | stop here. The organization qualifies | | - | • | | | ▶∟ |
| b | 33 1/3% support test - 2010. If the c | - | | | d line 15 is 33 1/3% | or more, check the | ıs box |
| | and stop here. The organization qual | • | • | | | | ▶ L |
| 17a | 10% -facts-and-circumstances tes | _ | • | | | | • |
| | and if the organization meets the "fac | | | • | • | rt IV how the organ | zation |
| | meets the "facts-and-circumstances" | - | | | - | | ▶∟ |
| b | 10% -facts-and-circumstances tes | - | • | | | | 10% or |
| | more, and if the organization meets the | ne "facts-and-circu | ımstances" test, ch | neck this box and | l stop here. Explair | n in Part IV how the | - |
| | organization meets the *facts-and-circ | | - | • | | | ▶ <u>∟</u> |
| 18 | Private foundation. If the organization | n did not check a | box on line 13, 16 | a, 16b, 17a, or 17 | b, check this box a | and see instructions | |
| | | | | | Scho | edule A (Form 990 | or 990-EZ) 201 |

*Schedule A (Form 990 or 990 EZ) 2011 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

| _ | qualify under the tests listed t | <u> pelow, please com</u> | plete Part II.) | _ | | | |
|------------|--|---------------------------|-----------------------|---------------------------------------|---------------------------------------|--------------------|---------------------------------------|
| Se | ction A. Public Support | | · | | | T | |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received (Do not | | | 1 | | | |
| | include any "unusual grants ") | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the | | | | | | |
| _ | organization's tax-exempt purpose | | | <u> </u> | | | · · · · · · · · · · · · · · · · · · · |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| | | | | | | | |
| 4 | Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | - | | _ | |
| _ | • | | | | | | |
| | Total. Add lines 1 through 5 | | | | | | |
| <i>1</i> a | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c | Add lines 7a and 7b | | · | | | | |
| 8 | Public support (Subtract line 7c from line 6) | I BOOK SHOW THE SECOND | * + 2) | | · · · · · · · · · · · · · · · · · · · | | |
| Sec | tion B. Total Support | | | · · · · · · · · · · · · · · · · · · · | | | |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| | Amounts from line 6 | | | | | | |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| | Add lines 10a and 10b | | | | | | |
| _ | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | - | | | |
| 12 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) | | | | | | |
| 13 | Total support (Add lines 9, 10c, 11, and 12) | | | | | | |
| 14 | First five years. If the Form 990 is fo | r the organization's | s first, second, thir | d, fourth, or fifth ta | ax year as a sectio | n 501(c)(3) organi | zation, |
| | check this box and stop here | | | | | | ▶□ |
| Sec | ction C. Computation of Publ | ic Support Pe | rcentage | | | | |
| 15 | Public support percentage for 2011 (| line 8, column (f) d | ıvıded by line 13, d | column (f)) | | 15 | % |
| | Public support percentage from 2010 | | • | | | 16 | % |
| | tion D. Computation of Inve | | | | | | |
| | Investment income percentage for 20 | | | ne 13, column (f)) | | 17 | % |
| | Investment income percentage from | | | , | | 18 | |
| | 33 1/3% support tests - 2011. If the | | • | on line 14, and line | e 15 is more than 3 | | |
| .50 | more than 33 1/3%, check this box a | - | | | | | |
| h | 33 1/3% support tests - 2010. If the | | - | · · · · · · · · · · · · · · · · · · · | - · · | | and |
| V | line 18 is not more than 33 1/3%, che | | | | | | |
| 20 | Private foundation. If the organization | | - | | | - | |
| | | an did flot Clieck d | 50x 011 III 14, 13 | a, or rab, check th | | | 20 or 900 E7\ 2014 |
| 13202 | 23 01-24-12 | | | | SCN | cuule A (FORM 98 | 90 or 990-EZ) 2011 |

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047 Inspection

Name of the organization

Employer identification number D.M.A.C.C. FOUNDATION 23-7229486 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) 3 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II | Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X

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

Schedule D (Form 990) 2011

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide

the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

b Assets included in Form 990, Part X

Revenues included in Form 990, Part VIII, line 1

| Sche | edule D (Form 990) 2011 D.M.A.C | .C. FOUNDA | TION | | | | | 23 - 72 | 2948 | 6 Page 2 |
|--------|--|-----------------------|-------------|---------------------------------------|----------------|-------------|--------------|---------------|------------|-----------------|
| | rt III Organizations Maintaining C | | | | easures, | or Othe | r Simil | ar Asse | ts (conti | nued) |
| 3 | Using the organization's acquisition, access | ion, and other record | ds, chec | k any of the | following that | at are a si | gnıficant | use of its | collection | n items |
| | (check all that apply) | | | | | | | | | |
| а | Public exhibition | | . | Loan or exc | :hange progr | ams | | | | |
| b | Scholarly research | • | , | Other | | | | | | |
| С | Preservation for future generations | | | | • | | | | | |
| 4 | Provide a description of the organization's co | ollections and expla | ın how th | ney further t | he organizat | ion's exer | npt purp | ose in Pai | t XIV | |
| 5 | During the year, did the organization solicit of | | | | | | | | | |
| | to be sold to raise funds rather than to be m | | | | | | | | Yes | No. |
| Pa | rt IV Escrow and Custodial Arran reported an amount on Form 990, Pa | - | ete if the | e organizatio | on answered | "Yes" to | Form 990 |), Part IV, | lıne 9, or | |
| 12 | Is the organization an agent, trustee, custod | | diany for | contribution | s or other as | sets not | ıncluded | | | |
| Ia | on Form 990, Part X? | ian or other intermet | alary loi | CONTINUENCE | is or other ac | 33013 1101 | iiiciaaca | | Yes | No |
| h | If "Yes," explain the arrangement in Part XIV | and complete the fo | llowing: | table | | | | | _ 163 | 110 |
| Б | ii res, explain the analigement in ratt Aiv | and complete the it | Jilowing | labic | | | | | Amount | |
| _ | Beginning balance | | | | | | 1c | | Anount | |
| c C | | | | | | | 1d | | | |
| u | Additions during the year | | | | | | | | | |
| e | Distributions during the year | | | | | - | 1e 1f | - | | |
| 1 | Ending balance Did the organization include an amount on F | orm 000. Port V. line | . 212 | | | | [[[[| | Yes | No |
| | _ | | :21, | | | | | | _ res | NO |
| | rt V Endowment Funds. Complete | | ewored | "Ves" to Fo | rm 990 Part | IV line 1 | | | | |
| - 4 | Endownient Fands. Complete | | | | (c) Two yea | | | voore book | (a) Four | years back |
| 4- | Degraphs of year balance | (a) Current year | (0) - | rior year | (C) TWO yea | IS DACK | (a) Timee) | reals back | (e) roui | years back |
| 1a | Beginning of year balance | | | | | | | | | |
| D | Contributions | | | · · · · · · · · · · · · · · · · · · · | | | ······ | | | |
| C | Net investment earnings, gains, and losses | | | | | | | | | |
| đ | Grants or scholarships | | | | | | | | | . 1 |
| е | Other expenditures for facilities | | | | | | | | | 1 |
| _ | and programs | | | | | - | | | *44 | |
| f | Administrative expenses | | | | | | | | | 3 1 |
| g | End of year balance | | L | | <u>L</u> | | | | · | |
| 2 | Provide the estimated percentage of the curr | • | ce (line 1 | g, column (a | a)) held as: | | | | | |
| а | Board designated or quasi-endowment | | _% | | | | | | | |
| b | | % | | | | | | | | |
| С | Temporarily restricted endowment | % | | | | | | | | |
| _ | The percentages in lines 2a, 2b, and 2c should be a sh | | | | | | | | | |
| За | Are there endowment funds not in the posse | ession of the organiz | ation tha | at are neid a | na aaministe | erea for tr | ie organiz | zation | Г | |
| | by | | | | | | | | | Yes No |
| | (i) unrelated organizations | | | | | | | | 3a(i) | |
| _ | (ii) related organizations | | 0.1 | | | | | | 3a(ii) | - |
| | If "Yes" to 3a(ii), are the related organizations | | | | | | | | 3b | |
| 4 | Describe in Part XIV the intended uses of the tVI Land, Buildings, and Equipm | | | | | | | | | |
| Pai | | | | | ··· | · · · · · · | | | (D D) | |
| | Description of property | (a) Cost or o | | | or other | | cumulate | 1 | (d) Book | value |
| | | basis (investi | 110111) | Dasis | (other) | uep | reciation | | | |
| _ | Land | F70 | 000 | | | | 111 | 75 | 221 | 005 |
| b | Buildings | 579, | JOU. | | | | 244,0 | /3. | 33: | 5,905. |
| С | Leasehold improvements | | | | | | | | | |
| d | Equipment | | | | | | | _ | | |
| | Other . | | | (D) : | | L | | - | 221 | 5,905. |
| Tata | l. Add lines 1a through 1e. (Column (d) must e | oual Form 990. Pad | x colur | nn (K) line 1 | U/CLI | | | | 1.1 | ነ. ሣሀካ. |

Schedule D (Form 990) 2011

| ⁹ Sche | edule D (Form 990) 2011 D.M.A.C.C. FOUNDATION | | | | 7229486 | Page 4 |
|-------------------|---|-----------------|--|-----------------------|---------------------------------------|--------------|
| Pa | rt XI Reconciliation of Change in Net Assets from Form 990 to | Audited Finan | cial Stat | temen | ts | |
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | | 1 | | 1,787 | 571. |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | | 2 | | 1,102 | 774. |
| 3 | Excess or (deficit) for the year. Subtract line 2 from line 1 | | 3 | | 684 | 797. |
| 4 | Net unrealized gains (losses) on investments | | 4 | | -175 | 018. |
| 5 | Donated services and use of facilities | | 5 | | | |
| 6 | Investment expenses | | 6 | - · - <u></u> | | |
| 7 | Prior period adjustments | | 7 | | | |
| 8 | Other (Describe in Part XIV) | | 8 | | · · · · · · · · · · · · · · · · · · · | |
| 9 | Total adjustments (net) Add lines 4 through 8 | | 9 | | -175, | |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 ar | | 10 | | | <u>.779.</u> |
| L | t XII Reconciliation of Revenue per Audited Financial Stateme | ents with Revei | nue per | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1_ | 1,612, | 553. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | 17 | E 010 | | | |
| a | Net unrealized gains on investments | | 5,018 | - | | |
| b | Donated services and use of facilities | 2b | | - | | |
| С. | Recoveries of prior year grants | 2c | | - | | |
| d | Other (Describe in Part XIV) | 2d | | \dashv \downarrow | -175, | ñ 1 ō |
| e | Add lines 2a through 2d | • | | 2e | $\frac{-175}{1,787}$ | |
| 3 | -Subtract line 2ē from line 1 | | | 3 | 1,/0/, | 3/1. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b | 145 | | t | | |
| a | Other (Describe in Part XIV) | 4a 4b | ······································ | - * | | |
| b | Add lines 4a and 4b | 40 | | -: | | 0. |
| С 5 | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) | | | 4c 5 | 1,787, | 571. |
| | t XIII Reconciliation of Expenses per Audited Financial Statem | ents With Expe | nses pe | | | <u> </u> |
| 1 | Total expenses and losses per audited financial statements | | | 1 | 1,102, | 774. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | | | | |
| a | Donated services and use of facilities | 2a | | | | |
| b | Prior year adjustments | 2b | | | | |
| c | Other losses | 2c | | 7. | | |
| d | Other (Describe in Part XIV) | 2d | | | | |
| е | Add lines 2a through 2d | | | | _ | 0 |
| 3 | Subtract line 2e from line 1 | | | 3 | 1,102, | 774. |
| -4- | Amounts included on Form 990, Part IX, line 25, but not on line 1 | | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | _ | | |
| b | Other (Describe in Part XIV.) | 4b | | ˈl | | |
| С | Add lines 4a and 4b | | | 4c | | 0. |
| | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | | 5 | 1,102, | 774. |
| Par | t XIV Supplemental Information | | | | | |
| | plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part II | | | | | 4, Part |
| | 2; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also comp | | - | | | |
| PAR | T X, LINE 2: THE FOUNDATION IS EXEMPT FRO | M INCOME T | AXES U | JNDE: | R | |
| ana | IMTON FOI/A)/I) OR MUR THERDIN DRUBNING OF | D.T. | | | | |
| SEC | TION 501(C)(3) OF THE INTERNAL REVENUE CO | DE • | | | | |
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| STA | NDARDS CODIFICATION. THE FOUNDATION HAS | EVALUATED | ITS M | ATER | IAL TAX | |
| POS | ITIONS AND DETERMINED NO INCOME TAX EFFEC | TS WITH RE | SPECT | TO ' | THE | |
| FIN | ANCIAL STATEMENTS. THE FOUNDATION IS NO | LONGER SUB | JECT 1 | | | |
| 132054 01-23- | 12 | | | Sched | lule D (Form 99 | 90) 2011 |
| - , 20- | | | | | | |

| Part XIV Supplemental Information (continued) | 23-7229486 Page 5 |
|---|-------------------|
| OR STATE INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR THE | YEARS BEFORE |
| 2007. THE FOUNDATION HAS NOT BEEN NOTIFIED OF ANY IMPENDING | EXAMINATIONS |
| BY AUTHORITIES, AND NO EXAMINATIONS ARE IN PROCESS. | |
| BI AUTHORITIES, AND NO EXAMINATIONS ARE IN PROCESS. | |
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Schedule I (Form 990) (2011) Employer identification number % ⊠ ASSISTANCE TO DES MOINES 23-7229486 SCHOLARSHIPS, AND OTHER REA COMMUNITY COLLEGE. OMB No 1545-0047 Open to Public Inspection (h) Purpose of grant or assistance TO PROVIDE GRANTS, ∏ Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Check this box if no one recipient received more than \$5,000 Part II can be duplicated if additional space is needed ame and address of organization (bock).

(c) IRC section or government assistance or government or government assistance or government assistance or government assistance or government assistance other). 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ୌ Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ▼ Attach to Form 990. 968,825 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 501(C)(3) Enter total number of other organizations listed in the line 1 table FOUNDATION 42-0926354 General Information on Grants and Assistance criteria used to award the grants or assistance? 1 (a) Name and address of organization 2006 S ANKENY BLVD. BUILDING 1 ANKENY IA 50023-8995 Name of the organization Department of the Treasury Internal Revenue Service SCHEDULEI D.M.A.C.C. (Form 990) Part I Part II

Schedule I (Form 990) (2011) (f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information (d) Amount of non-cash assistance (c) Amount of cash grant 27 (b) Number of recipients (a) Type of grant or assistance 132102 01-27-12

Page 2

23-7229486

D.M.A.C.C. FOUNDATION

Schedule I (Form 990) (2011)

Part III

"SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No 1545-0047 Inspection

Employer identification number

Department of the Treasury ► Attach to Form 990 or 990-EZ. Internal Revenue Service Name of the organization

| D.M.A.C.C. FOUNDATION | 23-7229486 |
|--|------------------|
| FORM 990, PART VI, SECTION A, LINE 2: BOARD MEMBERS ARTHU | R NEU & NAOMI |
| NEU HAVE A MARITAL RELATIONSHIP. | |
| | |
| FORM 990, PART VI, SECTION B, LINE 11: THE FOUNDATION BOAD | RD WILL REVIEW |
| AND APPROVE THE FORM 990 BEFORE IT IS FILED. | |
| | |
| FORM 990, PART VI, SECTION C, LINE 19: THE FOUNDATION WILL | L MAKE THE FORMS |
| AVAILABLE TO THE PUBLIC UPON REQUEST. | |
| | |
| FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS: | |
| NET UNREALIZED LOSSES ON INVESTMENTS: | -175,018. |
| | |
| PROCESSES FOR THE AUDIT COMMITTEE INCLUDING OVERSIGHT OF | THE AUDIT AND |
| SELECTION OF ITS INDEPENDENT ACCOUNTANT HAVE NOT CHANGED 1 | FROM THE PRIOR |
| YEAR. | |
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Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Part I

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ▶ Attach to Form 990.

2011 Open to Public Inspection

OMB No 1545-0047

Employer identification number 23-7229486

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33) D.M.A.C.C. FOUNDATION Name of the organization

| (a) Name, address, and EIN of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) Tend-of-year assets | | (f) Direct controlling entity |
|--|---------------------------|---|-------------------------------|--|--------------------------------------|---------------------------------------|
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| Part ii Identification of Related Tax-Exempt Organizations (Complete if organizations during the tax year) | | the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt | Part IV, line 34 be | cause it had one | or more related tax-exen | ıpt |
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | Section 512(b)(13) controlled entity? |
| DES MOINES AREA COMMUNITY COLLEGE - 42-0926354, 2006 S, ANKENY BLVD, ANKENY, IA 50023-8995 | COLLEGE | IOWA | 501(C)(3) | LINE 2 | DES MOINES AREA COMMUNITY COLLEGE | |
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| For Paperwork Reduction Act Notice, see the Instructions for Form 990. | s for Form 990. | | | | Schedule R (| Schedule R (Form 990) 2011 |

23-7229486

Page 2

Schedule R (Form 990) 2011 D.M.A.C.C. FOUNDATION

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year! Part III

managing ownership partner?

Yes No Percentage ownership General or Percentage Schedule R (Form 990) 2011 Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year) 3 \equiv Share of end-of-year assets Code V-UBI amount in box 20 of Schedule - K-1 (Form 1065) Share of total income Disproportionate allocations? Yes No Ξ Type of entity (C corp, S corp, or trust) Share of end-of-year assets e (d)
Direct controlling entity Share of total income $\boldsymbol{\varepsilon}$ Predominant income (related, unrelated, excluded from tax under sections 512-514) Legal domicile (state or foreign country) છ **e** Primary activity Direct controlling entity 9 ਉ (c)
Legal
domicile
(state or
foreign Primary activity 9 Name, address, and EIN of related organization Name, address, and EIN of related organization <u>a</u> 132162 01-23-12 Part IV

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Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

Schedule R (Form 990) 2011 × × Yes × 1b ပ 티 ā 9 <u>1</u> 위 우 **;**= 무 무 ¥ = 두 19 ÷ (d) Method of determining amount involved If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? 968,825 39,510 333,412 205,701 426,007 (c) Amount involved (b) Transaction type (a-r) 31 บ Performance of services or membership or fundraising solicitations for related organization(s) М ᆸ 囟 Д Performance of services or membership or fundraising solicitations by related organization(s) m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity j Lease of facilities, equipment, or other assets from related organization(s) Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule Lease of facilities, equipment, or other assets to related organization(s) COMMUNITY COLLEGE (4) DES MOINES AREA COMMUNITY COLLEGE COLLEGE COMMUNITY COLLEGE (6) DES MOINES AREA COMMUNITY COLLEGE Other transfer of cash or property from related organization(s) Gift, grant, or capital contribution from related organization(s) Reimbursement paid by related organization(s) for expenses Reimbursement paid to related organization(s) for expenses q Other transfer of cash or property to related organization(s) Gift, grant, or capital contribution to related organization(s) d Loans or loan guarantees to or for related organization(s) Sharing of paid employees with related organization(s) (a) Name of other organization Loans or loan guarantees by related organization(s) COMMUNITY Purchase of assets from related organization(s) Exchange of assets with related organization(s) Sale of assets to related organization(s) (3) DES MOINES AREA (2) DES MOINES AREA (1) DES MOINES AREA 132163 01-23-12 0 0 9

Page 4

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

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| (K) | Allocations of Schedule K-1 partner? Yes No (Form 1065) Yes No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| o Pe | [일 호 [8] | | | | | _ | | | | | | | | + | | | | - | | | | - | | | | - | | | - | | | _ |
| (j) Genera | managing partner? Yes No | | | | | _ | | | | | | | | \dagger | | | , | ╁ | | | | \vdash | | | | | | | - | | | |
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| (h) Spropor- | allocations? | | | | | | | | | | | | | İ | | | | | | | | | | | | | | | | | | |
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| (g) Share of | end-of-year assets | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| partne 501 | org Yes | | | | | | | | | | | | | | | | | | | | | | | | | ļ | | | | | | _ |
| d) ant income | excluded from tax orgs no under section 512-514) Yes No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | İ |
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| (c) Legal domicile | (state or foreign country) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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Schedule R (Form 990) 2011

| Schedule R Part VII | (Form 990) 2011 | D.M.A.C.C. | FOUNDATION | 23-7229486 Page |
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| . u.t VII | | | rion for roomanage to guartiers == 5 | Cabadula B (see instructions) |
| | complete this part to pi | ovide additional informat | tion for responses to questions on S | chedule H (see instructions) |
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