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

**2012**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 2012, or tax year beginning , 2012, and ending

THE MERCHANTS BONDING COMPANY FOUNDATION  
2100 FLEUR DRIVE  
DES MOINES, IA 50321

**A** Employer identification number  
26-3035459

**B** Telephone number (see the instructions)  
(515) 243-8171

**C** If exemption application is pending, check here ☐

**D** 1 Foreign organizations, check here ☐

2 Foreign organizations meeting the 85% test, check here and attach computation ☐

**E** If private foundation status was terminated under section 507(b)(1)(A), check here ☐

**F** If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ☐

**G** Check all that apply ☐ Initial return ☐ Initial return of a former public charity  
☐ Final return ☐ Amended return  
☐ Address change ☐ Name change

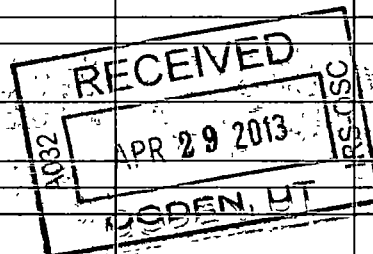
**H** Check type of organization ☒ Section 501(c)(3) exempt private foundation  
☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

**I** Fair market value of all assets at end of year (from Part II, column (c), line 16)  
\$ 302,043.  
**J** Accounting method ☒ Cash ☐ Accrual  
☐ Other (specify) (Part I, column (d) must be on cash basis)

**Part I Analysis of Revenue and Expenses**

(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))

| (a) Revenue and expenses per books                                      | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
|-------------------------------------------------------------------------|---------------------------|-------------------------|-------------------------------------------------------------|
| 1 Contributions, gifts, grants, etc. received (att sch)                 | 124,960.                  |                         |                                                             |
| 2 <input type="checkbox"/> If the foundn is not req to att Sch B        |                           |                         |                                                             |
| 3 Interest on savings and temporary cash investments                    | 899.                      | 899.                    | 899.                                                        |
| 4 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                           |                           |                         |                                                             |
| 7 Capital gain net income (from Part IV, line 2)                        |                           |                         |                                                             |
| 8 Net short-term capital gain                                           |                           |                         |                                                             |
| 9 Income modifications                                                  |                           |                         |                                                             |
| 10a 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                                                         | 103,433.                  |                         |                                                             |
| 12 Total. Add lines 1 through 11                                        | 229,292.                  | 899.                    | 899.                                                        |
| 13 Compensation of officers, directors, trustees, etc                   | 0.                        |                         |                                                             |
| 14 Other employee salaries and wages                                    |                           |                         |                                                             |
| 15 Pension plans, employee benefits                                     |                           |                         |                                                             |
| 16a Legal fees (attach schedule) SEE ST 2                               | 240.                      |                         |                                                             |
| b Accounting fees (attach sch) SEE ST 3                                 | 1,635.                    |                         |                                                             |
| c Other prof fees (attach sch)                                          |                           |                         |                                                             |
| 17 Interest                                                             |                           |                         |                                                             |
| 18 Taxes (attach schedule)(see instrs)                                  |                           |                         |                                                             |
| 19 Depreciation (attach sch) and depletion                              |                           |                         |                                                             |
| 20 Occupancy                                                            |                           |                         |                                                             |
| 21 Travel, conferences, and meetings                                    |                           |                         |                                                             |
| 22 Printing and publications                                            |                           |                         |                                                             |
| 23 Other expenses (attach schedule)                                     |                           |                         |                                                             |
| SEE STATEMENT 4                                                         | 67,169.                   |                         |                                                             |
| 24 Total operating and administrative expenses. Add lines 13 through 23 | 69,044.                   |                         |                                                             |
| 25 Contributions, gifts, grants paid PART XV                            | 185,050.                  |                         | 185,050.                                                    |
| 26 Total expenses and disbursements. Add lines 24 and 25                | 254,094.                  | 0.                      | 185,050.                                                    |
| 27 Subtract line 26 from line 12:                                       |                           |                         |                                                             |
| a Excess of revenue over expenses and disbursements                     | -24,802.                  |                         |                                                             |
| b Net investment income (if negative, enter -0-)                        |                           | 899.                    |                                                             |
| c Adjusted net income (if negative, enter 0)                            |                           | 899.                    |                                                             |



| Part II Balance Sheets           |                                                                                                                             | Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)      |                | Beginning of year     | End of year |  |
|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------|-------------|--|
|                                  |                                                                                                                             | (a) Book Value                                                                                                          | (b) Book Value | (c) Fair Market Value |             |  |
| ASSETS                           | 1                                                                                                                           | Cash — non-interest-bearing                                                                                             |                |                       |             |  |
|                                  | 2                                                                                                                           | Savings and temporary cash investments                                                                                  | 326,845.       | 302,043.              | 302,043.    |  |
|                                  | 3                                                                                                                           | Accounts receivable                                                                                                     |                |                       |             |  |
|                                  |                                                                                                                             | Less allowance for doubtful accounts                                                                                    |                |                       |             |  |
|                                  | 4                                                                                                                           | Pledges receivable                                                                                                      |                |                       |             |  |
|                                  |                                                                                                                             | Less allowance for doubtful accounts                                                                                    |                |                       |             |  |
|                                  | 5                                                                                                                           | Grants receivable                                                                                                       |                |                       |             |  |
|                                  | 6                                                                                                                           | Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) |                |                       |             |  |
|                                  | 7                                                                                                                           | Other notes and loans receivable (attach sch)                                                                           |                |                       |             |  |
|                                  |                                                                                                                             | Less allowance for doubtful accounts                                                                                    |                |                       |             |  |
|                                  | 8                                                                                                                           | Inventories for sale or use                                                                                             |                |                       |             |  |
|                                  | 9                                                                                                                           | Prepaid expenses and deferred charges                                                                                   |                |                       |             |  |
|                                  | 10a                                                                                                                         | Investments — U S and state government obligations (attach schedule)                                                    |                |                       |             |  |
|                                  | b                                                                                                                           | Investments — corporate stock (attach schedule)                                                                         |                |                       |             |  |
|                                  | c                                                                                                                           | Investments — corporate bonds (attach schedule)                                                                         |                |                       |             |  |
|                                  | 11                                                                                                                          | Investments — land, buildings, and equipment basis                                                                      |                |                       |             |  |
|                                  | Less accumulated depreciation (attach schedule)                                                                             |                                                                                                                         |                |                       |             |  |
| 12                               | Investments — mortgage loans                                                                                                |                                                                                                                         |                |                       |             |  |
| 13                               | Investments — other (attach schedule)                                                                                       |                                                                                                                         |                |                       |             |  |
| 14                               | Land, buildings, and equipment basis                                                                                        |                                                                                                                         |                |                       |             |  |
|                                  | Less accumulated depreciation (attach schedule)                                                                             |                                                                                                                         |                |                       |             |  |
| 15                               | Other assets (describe )                                                                                                    |                                                                                                                         |                |                       |             |  |
| 16                               | <b>Total assets</b> (to be completed by all filers — see the instructions. Also, see page 1, item I)                        | 326,845.                                                                                                                | 302,043.       | 302,043.              |             |  |
| LIABILITIES                      | 17                                                                                                                          | Accounts payable and accrued expenses                                                                                   |                |                       |             |  |
|                                  | 18                                                                                                                          | Grants payable                                                                                                          |                |                       |             |  |
|                                  | 19                                                                                                                          | Deferred revenue                                                                                                        |                |                       |             |  |
|                                  | 20                                                                                                                          | Loans from officers, directors, trustees, & other disqualified persons                                                  |                |                       |             |  |
|                                  | 21                                                                                                                          | Mortgages and other notes payable (attach schedule)                                                                     |                |                       |             |  |
|                                  | 22                                                                                                                          | Other liabilities (describe )                                                                                           |                |                       |             |  |
|                                  | 23                                                                                                                          | <b>Total liabilities</b> (add lines 17 through 22)                                                                      | 0.             | 0.                    |             |  |
| NET FUND ASSETS OR FUND BALANCES | Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. <input type="checkbox"/> |                                                                                                                         |                |                       |             |  |
|                                  | 24                                                                                                                          | Unrestricted                                                                                                            |                |                       |             |  |
|                                  | 25                                                                                                                          | Temporarily restricted                                                                                                  |                |                       |             |  |
|                                  | 26                                                                                                                          | Permanently restricted                                                                                                  |                |                       |             |  |
|                                  | Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. <input checked="" type="checkbox"/>   |                                                                                                                         |                |                       |             |  |
|                                  | 27                                                                                                                          | Capital stock, trust principal, or current funds                                                                        | 326,845.       | 302,043.              |             |  |
|                                  | 28                                                                                                                          | Paid-in or capital surplus, or land, building, and equipment fund                                                       |                |                       |             |  |
|                                  | 29                                                                                                                          | Retained earnings, accumulated income, endowment, or other funds                                                        |                |                       |             |  |
|                                  | 30                                                                                                                          | <b>Total net assets or fund balances</b> (see instructions)                                                             | 326,845.       | 302,043.              |             |  |
|                                  | 31                                                                                                                          | <b>Total liabilities and net assets/fund balances</b> (see instructions)                                                | 326,845.       | 302,043.              |             |  |

## Part III Analysis of Changes in Net Assets or Fund Balances

|   |                                                                                                                                                            |   |          |
|---|------------------------------------------------------------------------------------------------------------------------------------------------------------|---|----------|
| 1 | Total net assets or fund balances at beginning of year — Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) | 1 | 326,845. |
| 2 | Enter amount from Part I, line 27a                                                                                                                         | 2 | -24,802. |
| 3 | Other increases not included in line 2 (itemize)                                                                                                           | 3 |          |
| 4 | Add lines 1, 2, and 3                                                                                                                                      | 4 | 302,043. |
| 5 | Decreases not included in line 2 (itemize)                                                                                                                 | 5 |          |
| 6 | Total net assets or fund balances at end of year (line 4 minus line 5) — Part II, column (b), line 30                                                      | 6 | 302,043. |

**Part IV Capital Gains and Losses for Tax on Investment Income**

| (a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shares MLC Company) |  | (b) How acquired<br>P — Purchase<br>D — Donation | (c) Date acquired<br>(month, day, year) | (d) Date sold<br>(month, day, year) |
|------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------|-----------------------------------------|-------------------------------------|
| 1 a N/A                                                                                                                                  |  |                                                  |                                         |                                     |
| b                                                                                                                                        |  |                                                  |                                         |                                     |
| c                                                                                                                                        |  |                                                  |                                         |                                     |
| d                                                                                                                                        |  |                                                  |                                         |                                     |
| e                                                                                                                                        |  |                                                  |                                         |                                     |

| (e) Gross sales price | (f) Depreciation allowed<br>(or allowable) | (g) Cost or other basis<br>plus expense of sale | (h) Gain or (loss)<br>(e) plus (f) minus (g) |
|-----------------------|--------------------------------------------|-------------------------------------------------|----------------------------------------------|
| a                     |                                            |                                                 |                                              |
| b                     |                                            |                                                 |                                              |
| c                     |                                            |                                                 |                                              |
| d                     |                                            |                                                 |                                              |
| e                     |                                            |                                                 |                                              |

| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 |                                      |                                                     | (i) Gains (Column (h)<br>gain minus column (k), but not less<br>than -0-) or Losses (from column (h)) |
|---------------------------------------------------------------------------------------------|--------------------------------------|-----------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| (i) Fair Market Value<br>as of 12/31/69                                                     | (j) Adjusted basis<br>as of 12/31/69 | (k) Excess of column (i)<br>over column (j), if any |                                                                                                       |
| a                                                                                           |                                      |                                                     |                                                                                                       |
| b                                                                                           |                                      |                                                     |                                                                                                       |
| c                                                                                           |                                      |                                                     |                                                                                                       |
| d                                                                                           |                                      |                                                     |                                                                                                       |
| e                                                                                           |                                      |                                                     |                                                                                                       |

|                                                                                |                                                                                                                                                                                                                                 |  |   |  |
|--------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---|--|
| 2 Capital gain net income or (net capital loss)                                | <div style="border: 1px solid black; padding: 2px; display: inline-block;">           If gain, also enter in Part I, line 7<br/>           If (loss), enter -0- in Part I, line 7         </div>                                |  | 2 |  |
| 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) | <div style="border: 1px solid black; padding: 2px; display: inline-block;">           If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0-<br/>           in Part I, line 8         </div> |  | 3 |  |

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income) N/A

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes☐ No

If 'Yes,' the foundation does not qualify under section 4940(e). Do not complete this part.

| 1 Enter the appropriate amount in each column for each year, see the instructions before making any entries |                                          |                                                 |                                                                 |
|-------------------------------------------------------------------------------------------------------------|------------------------------------------|-------------------------------------------------|-----------------------------------------------------------------|
| (a)<br>Base period years<br>Calendar year (or tax year<br>beginning in)                                     | (b)<br>Adjusted qualifying distributions | (c)<br>Net value of<br>noncharitable-use assets | (d)<br>Distribution ratio<br>(column (b) divided by column (c)) |
| 2011                                                                                                        |                                          |                                                 |                                                                 |
| 2010                                                                                                        |                                          |                                                 |                                                                 |
| 2009                                                                                                        |                                          |                                                 |                                                                 |
| 2008                                                                                                        |                                          |                                                 |                                                                 |
| 2007                                                                                                        |                                          |                                                 |                                                                 |

|                                                                                                                                                                                |   |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|--|
| 2 Total of line 1, column (d)                                                                                                                                                  | 2 |  |
| 3 Average distribution ratio for the 5-year base period — divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years | 3 |  |
| 4 Enter the net value of noncharitable-use assets for 2012 from Part X, line 5                                                                                                 | 4 |  |
| 5 Multiply line 4 by line 3                                                                                                                                                    | 5 |  |
| 6 Enter 1% of net investment income (1% of Part I, line 27b)                                                                                                                   | 6 |  |
| 7 Add lines 5 and 6                                                                                                                                                            | 7 |  |
| 8 Enter qualifying distributions from Part XII, line 4                                                                                                                         | 8 |  |

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

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)**

|                                                                                                                                                                                                                                   |     |   |     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|---|-----|
| 1 a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter 'N/A' on line 1<br>Date of ruling or determination letter _____ (attach copy of letter if necessary – see instrs) |     | 1 | 18. |
| b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b                                                                                 |     |   |     |
| c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, column (b)                                                                                                       |     |   |     |
| 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)                                                                                                                       |     | 2 | 0.  |
| 3 Add lines 1 and 2                                                                                                                                                                                                               |     | 3 | 18. |
| 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)                                                                                                                     |     | 4 | 0.  |
| 5 <b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-                                                                                                                                  |     | 5 | 18. |
| 6 Credits/Payments                                                                                                                                                                                                                |     |   |     |
| a 2012 estimated tax pmts and 2011 overpayment credited to 2012                                                                                                                                                                   | 6 a |   |     |
| b Exempt foreign organizations – tax withheld at source                                                                                                                                                                           | 6 b |   |     |
| c Tax paid with application for extension of time to file (Form 8868)                                                                                                                                                             | 6 c |   |     |
| d Backup withholding erroneously withheld                                                                                                                                                                                         | 6 d |   |     |
| 7 Total credits and payments. Add lines 6a through 6d                                                                                                                                                                             | 7   |   | 0.  |
| 8 Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached                                                                                                        | 8   |   |     |
| 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed                                                                                                                                                   | 9   |   | 18. |
| 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid                                                                                                                                      | 10  |   |     |
| 11 Enter the amount of line 10 to be <b>Credited to 2013 estimated tax</b>                                                                                                                                                        | 11  |   |     |
| <b>Refunded</b>                                                                                                                                                                                                                   |     |   |     |

**Part VII-A Statements Regarding Activities**

|                                                                                                                                                                                                                                                                                                                                                     | Yes | No  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|
| 1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?                                                                                                                                                                            |     | X   |
| b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?<br><i>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</i> |     | X   |
| c Did the foundation file <b>Form 1120-POL</b> for this year?                                                                                                                                                                                                                                                                                       |     | X   |
| d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:<br>(1) On the foundation <input type="checkbox"/> \$ 0. (2) On foundation managers <input type="checkbox"/> \$ 0.                                                                                                                              |     |     |
| e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input type="checkbox"/> \$ 0.                                                                                                                                                                              |     |     |
| 2 Has the foundation engaged in any activities that have not previously been reported to the IRS?<br><i>If 'Yes,' attach a detailed description of the activities</i>                                                                                                                                                                               |     | X   |
| 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If 'Yes,' attach a conformed copy of the changes</i>                                                                                                                 |     | X   |
| 4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year?                                                                                                                                                                                                                                                     |     | X   |
| b If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?                                                                                                                                                                                                                                                                           |     | N/A |
| 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?<br><i>If 'Yes,' attach the statement required by General Instruction T</i>                                                                                                                                                                         |     | X   |
| 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:<br>• By language in the governing instrument, or<br>• 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?                | X   |     |
| 7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If 'Yes,' complete Part II, column (c), and Part XV</i>                                                                                                                                                                                                        | X   |     |
| 8 a Enter the states to which the foundation reports or with which it is registered (see instructions)<br><u>IA</u>                                                                                                                                                                                                                                 |     |     |
| b If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? <i>If 'No,' attach explanation</i>                                                                                                                        | X   |     |
| 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? <i>If 'Yes,' complete Part XIV</i>                                                                                       |     | X   |
| 10 Did any persons become substantial contributors during the tax year? <i>If 'Yes,' attach a schedule listing their names and addresses</i>                                                                                                                                                                                                        |     | X   |

BAA

Form 990-PF (2012)

**Part VII-A** Statements Regarding Activities (continued)

|    |                                                                                                                                                                                                                                                                                                                                        |    |   |     |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---|-----|
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' attach schedule (see instructions)                                                                                                                                                | 11 |   | X   |
| 12 | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If 'Yes,' attach statement (see instructions)                                                                                                                                               | 12 |   | X   |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application?<br>Website address <u>N/A</u>                                                                                                                                                                                      | 13 | X |     |
| 14 | The books are in care of <u>LARRY TAYLOR</u> Telephone no <u>(515) 243-8171</u><br>Located at <u>2100 FLEUR DRIVE DES MOINES IA</u> ZIP + 4 <u>50321</u>                                                                                                                                                                               |    |   |     |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here<br>and enter the amount of tax-exempt interest received or accrued during the year <u>N/A</u>                                                                                                                                      | 15 |   | N/A |
| 16 | At any time during calendar year 2012, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?<br>See the instructions for exceptions and filing requirements for Form TD F 90-22.1 If 'Yes,' enter the name of the foreign country <u></u> | 16 |   | X   |

**Part VII-B** Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Yes                                                                 | No  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----|
| 1 a 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?                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |     |
| (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |     |
| (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |     |
| (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |     |
| (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |     |
| (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.)                                                                                                                                                                                                                                                   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |     |
| b If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?<br>Organizations relying on a current notice regarding disaster assistance check here <u></u>                                                                                                                                                                              | 1 b                                                                 | N/A |
| c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2012?                                                                                                                                                                                                                                                                                                         | 1 c                                                                 | X   |
| 2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))                                                                                                                                                                                                                                                                                                                   |                                                                     |     |
| a At the end of tax year 2012, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2012?<br>If 'Yes,' list the years <u>20</u> , <u>20</u> , <u>20</u> , <u>20</u>                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |     |
| b Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer 'No' and attach statement - see instructions.)                                                                                                                                                                                | 2 b                                                                 | 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<br><u>20</u> , <u>20</u> , <u>20</u> , <u>20</u>                                                                                                                                                                                                                                                                                                                                |                                                                     |     |
| 3 a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |     |
| b If 'Yes,' did it have excess business holdings in 2012 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2012.) | 3 b                                                                 | N/A |
| 4 a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?                                                                                                                                                                                                                                                                                                                                                                               | 4 a                                                                 | X   |
| b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2012?                                                                                                                                                                                                                                                               | 4 b                                                                 | X   |

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Form 990-PF (2012)

**Part VII-B** Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a During the year did the foundation pay or incur any amount to

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?

☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc, organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions)

☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

☐ Yes ☒ No

b If any answer is 'Yes' to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

5b N/A

Organizations relying on a current notice regarding disaster assistance check here

☐

c If the answer is 'Yes' to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

N/A ☐ Yes ☐ No

If 'Yes,' attach the statement required by Regulations section 53.4945-5(d)

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

6b X

If 'Yes' to 6b, file Form 8870

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

☐ Yes ☒ No

b If 'Yes,' did the foundation receive any proceeds or have any net income attributable to the transaction?

N/A

7b

**Part VIII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).

| (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 5      |                                                           | 0.                                        | 0.                                                                    | 0.                                    |
|                      |                                                           |                                           |                                                                       |                                       |
|                      |                                                           |                                           |                                                                       |                                       |
|                      |                                                           |                                           |                                                                       |                                       |
|                      |                                                           |                                           |                                                                       |                                       |
|                      |                                                           |                                           |                                                                       |                                       |
|                      |                                                           |                                           |                                                                       |                                       |

2 Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter 'NONE.'

| (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|---------------------------------------------------------------|-----------------------------------------------------------|------------------|-----------------------------------------------------------------------|---------------------------------------|
| NONE                                                          |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |

Total number of other employees paid over \$50,000

0

**Part VIII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**3** Five highest-paid independent contractors for professional services (see instructions). If none, enter 'NONE.'

| (a) Name and address of each person paid more than \$50,000              | (b) Type of service | (c) Compensation |
|--------------------------------------------------------------------------|---------------------|------------------|
| NONE                                                                     |                     |                  |
|                                                                          |                     |                  |
|                                                                          |                     |                  |
|                                                                          |                     |                  |
|                                                                          |                     |                  |
|                                                                          |                     |                  |
|                                                                          |                     |                  |
|                                                                          |                     |                  |
|                                                                          |                     |                  |
|                                                                          |                     |                  |
| 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 statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

|       | Expenses |
|-------|----------|
| 1 N/A |          |
| 2     |          |
| 3     |          |
| 4     |          |

**Part IX-B** Summary of Program-Related Investments (see instructions)

| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 | Amount |
|------------------------------------------------------------------------------------------------------------------|--------|
| 1 N/A                                                                                                            |        |
| 2                                                                                                                |        |
| All other program-related investments See instructions                                                           |        |
| 3                                                                                                                |        |
| Total. Add lines 1 through 3                                                                                     | 0.     |

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Form 990-PF (2012)

**Part X. Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, 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 | 368,473. |
| c Fair market value of all other assets (see instructions)                                                   | 1 c |          |
| d Total (add lines 1a, b, and c)                                                                             | 1 d | 368,473. |
| e Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)  | 1 e | 0.       |
| 2 Acquisition indebtedness applicable to line 1 assets                                                       | 2   | 0.       |
| 3 Subtract line 2 from line 1d                                                                               | 3   | 368,473. |
| 4 Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)   | 4   | 5,527.   |
| 5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4        | 5   | 362,946. |
| 6 Minimum investment return. Enter 5% of line 5                                                              | 6   | 18,147.  |

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

|                                                                                                    |     |         |
|----------------------------------------------------------------------------------------------------|-----|---------|
| 1 Minimum investment return from Part X, line 6                                                    | 1   | 18,147. |
| 2a Tax on investment income for 2012 from Part VI, line 5                                          | 2 a | 18.     |
| b Income tax for 2012 (This does not include the tax from Part VI)                                 | 2 b |         |
| c Add lines 2a and 2b                                                                              | 2 c | 18.     |
| 3 Distributable amount before adjustments Subtract line 2c from line 1                             | 3   | 18,129. |
| 4 Recoveries of amounts treated as qualifying distributions                                        | 4   |         |
| 5 Add lines 3 and 4                                                                                | 5   | 18,129. |
| 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   | 18,129. |

**Part XII 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 | 185,050. |
| 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)                                                                                                      | 3 a |          |
| b Cash distribution test (attach the required schedule)                                                                                               | 3 b |          |
| 4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4                                           | 4   | 185,050. |
| 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   | 185,050. |

**Note.** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

**Part XIII** Undistributed Income (see instructions)

|                                                                                                                                                                            | (a)<br>Corpus | (b)<br>Years prior to 2011 | (c)<br>2011 | (d)<br>2012 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------|-------------|-------------|
| 1 Distributable amount for 2012 from Part XI, line 7                                                                                                                       |               |                            |             | 18,129.     |
| 2 Undistributed income, if any, as of the end of 2012                                                                                                                      |               |                            |             |             |
| a Enter amount for 2011 only                                                                                                                                               |               |                            | 0.          |             |
| b Total for prior years 20__, 20__, 20__                                                                                                                                   |               | 0.                         |             |             |
| 3 Excess distributions carryover, if any, to 2012                                                                                                                          |               |                            |             |             |
| a From 2007                                                                                                                                                                |               |                            |             |             |
| b From 2008                                                                                                                                                                |               |                            |             |             |
| c From 2009                                                                                                                                                                | 1,785.        |                            |             |             |
| d From 2010                                                                                                                                                                | 95,423.       |                            |             |             |
| e From 2011                                                                                                                                                                | 68,538.       |                            |             |             |
| f Total of lines 3a through e                                                                                                                                              | 165,746.      |                            |             |             |
| 4 Qualifying distributions for 2012 from Part XII, line 4 ▶ \$ 185,050.                                                                                                    |               |                            |             |             |
| a Applied to 2011, but not more than line 2a                                                                                                                               |               |                            | 0.          |             |
| b Applied to undistributed income of prior years (Election required — see instructions)                                                                                    |               | 0.                         |             |             |
| c Treated as distributions out of corpus (Election required — see instructions)                                                                                            | 0.            |                            |             |             |
| d Applied to 2012 distributable amount                                                                                                                                     |               |                            |             | 18,129.     |
| e Remaining amount distributed out of corpus                                                                                                                               | 166,921.      |                            |             |             |
| 5 Excess distributions carryover applied to 2012 (If an amount appears in column (d), the same amount must be shown in column (a) )                                        | 0.            |                            |             | 0.          |
| 6 Enter the net total of each column as indicated below:                                                                                                                   |               |                            |             |             |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5                                                                                                                          | 332,667.      |                            |             |             |
| b Prior years' undistributed income Subtract line 4b from line 2b                                                                                                          |               | 0.                         |             |             |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed |               | 0.                         |             |             |
| d Subtract line 6c from line 6b Taxable amount — see instructions                                                                                                          |               | 0.                         |             |             |
| e Undistributed income for 2011 Subtract line 4a from line 2a Taxable amount — see instructions                                                                            |               |                            | 0.          |             |
| f Undistributed income for 2012 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2013                                                                |               |                            |             | 0.          |
| 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)                                  | 0.            |                            |             |             |
| 8 Excess distributions carryover from 2007 not applied on line 5 or line 7 (see instructions)                                                                              | 0.            |                            |             |             |
| 9 Excess distributions carryover to 2013. Subtract lines 7 and 8 from line 6a                                                                                              | 332,667.      |                            |             |             |
| 10 Analysis of line 9                                                                                                                                                      |               |                            |             |             |
| a Excess from 2008                                                                                                                                                         |               |                            |             |             |
| b Excess from 2009                                                                                                                                                         | 1,785.        |                            |             |             |
| c Excess from 2010                                                                                                                                                         | 95,423.       |                            |             |             |
| d Excess from 2011                                                                                                                                                         | 68,538.       |                            |             |             |
| e Excess from 2012                                                                                                                                                         | 166,921.      |                            |             |             |

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Form 990-PF (2012)



**Part XV** Supplementary Information (continued)**3** Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient                                        | If recipient is an individual,<br>show any relationship to any<br>foundation manager or<br>substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution | Amount   |
|--------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------|----------|
| Name and address (home or business)              |                                                                                                                    |                                      |                                     |          |
| <i>a</i> Paid during the year<br>SEE STATEMENT 6 |                                                                                                                    |                                      |                                     |          |
| <b>Total</b>                                     |                                                                                                                    |                                      | <b>3 a</b>                          | 185,050. |
| <i>b</i> Approved for future payment             |                                                                                                                    |                                      |                                     |          |
| <b>Total</b>                                     |                                                                                                                    |                                      | <b>3 b</b>                          |          |

## Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated

| Enter gross amounts unless otherwise indicated             | Unrelated business income |               | Excluded by section 512, 513, or 514 |               | (e)<br>Related or exempt<br>function income<br>(See instructions ) |
|------------------------------------------------------------|---------------------------|---------------|--------------------------------------|---------------|--------------------------------------------------------------------|
|                                                            | (a)<br>Business<br>code   | (b)<br>Amount | (c)<br>Exclu-<br>sion<br>code        | (d)<br>Amount |                                                                    |
| 1 Program service revenue                                  |                           |               |                                      |               |                                                                    |
| a                                                          |                           |               |                                      |               |                                                                    |
| b                                                          |                           |               |                                      |               |                                                                    |
| c                                                          |                           |               |                                      |               |                                                                    |
| d                                                          |                           |               |                                      |               |                                                                    |
| e                                                          |                           |               |                                      |               |                                                                    |
| f                                                          |                           |               |                                      |               |                                                                    |
| g Fees and contracts from government agencies              |                           |               |                                      |               |                                                                    |
| 2 Membership dues and assessments                          |                           |               |                                      |               |                                                                    |
| 3 Interest on savings and temporary cash investments       |                           |               | 14                                   | 899.          |                                                                    |
| 4 Dividends and interest from securities                   |                           |               |                                      |               |                                                                    |
| 5 Net rental income or (loss) from real estate             |                           |               |                                      |               |                                                                    |
| a Debt-financed property                                   |                           |               |                                      |               |                                                                    |
| b Not debt-financed property                               |                           |               |                                      |               |                                                                    |
| 6 Net rental income or (loss) from personal property       |                           |               |                                      |               |                                                                    |
| 7 Other investment income                                  |                           |               |                                      |               |                                                                    |
| 8 Gain or (loss) from sales of assets other than inventory |                           |               |                                      |               |                                                                    |
| 9 Net income or (loss) from special events                 |                           |               | 1                                    | 43,094.       |                                                                    |
| 10 Gross profit or (loss) from sales of inventory          |                           |               |                                      |               |                                                                    |
| 11 Other revenue                                           |                           |               |                                      |               |                                                                    |
| a                                                          |                           |               |                                      |               |                                                                    |
| b                                                          |                           |               |                                      |               |                                                                    |
| c                                                          |                           |               |                                      |               |                                                                    |
| d                                                          |                           |               |                                      |               |                                                                    |
| e                                                          |                           |               |                                      |               |                                                                    |
| 12 Subtotal. Add columns (b), (d), and (e)                 |                           |               |                                      | 43,993.       |                                                                    |
| 13 Total. Add line 12, columns (b), (d), and (e)           |                           |               |                                      | 13            | 43,993.                                                            |

(See worksheet in line 13 instructions to verify calculations )

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

[illegible]



**Schedule B**(Form 990, 990-EZ,  
or 990-PF)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**

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

OMB No 1545-0047

**2012**

Name of the organization

THE MERCHANTS BONDING COMPANY FOUNDATION

Employer identification number

26-3035459

**Organization type** (check one)**Filers of:**

Form 990 or 990-EZ

**Section:**☐ 501(c)( ) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☒ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule****Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)**Special Rules**☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$**Caution:** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) but it **must** answer 'No' on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on Part I, line 2, of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).**BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.**

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization

Employer identification number

THE MERCHANTS BONDING COMPANY FOUNDATION

26-3035459

**Part I Contributors** (see instructions) Use duplicate copies of Part I if additional space is needed

| (a)<br>Number | (b)<br>Name, address, and ZIP + 4                                  | (c)<br>Total<br>contributions | (d)<br>Type of contribution                                                                                                                                                 |
|---------------|--------------------------------------------------------------------|-------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1             | MERCHANTS BONDING COMPANY<br>2100 FLEUR DR<br>DES MOINES, IA 50321 | \$ 120,000.                   | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution) |
|               |                                                                    |                               | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution)            |
|               |                                                                    |                               | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution)            |
|               |                                                                    |                               | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution)            |
|               |                                                                    |                               | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution)            |
|               |                                                                    |                               | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution)            |
|               |                                                                    |                               | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution)            |

Name of organization

Employer identification number

THE MERCHANTS BONDING COMPANY FOUNDATION

26-3035459

**Part II** Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed

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

BAA

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization

THE MERCHANTS BONDING COMPANY FOUNDATION

Employer identification number

26-3035459

**Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8) or (10)****organizations that total more than \$1,000 for the year.** Complete columns (a) through (e) and the following line entryFor organizations completing Part III, enter total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.)  
Use duplicate copies of Part III if additional space is needed.

► \$ N/A

| (a)<br>No. from<br>Part I | (b)<br>Purpose of gift                  | (c)<br>Use of gift | (d)<br>Description of how gift is held   |
|---------------------------|-----------------------------------------|--------------------|------------------------------------------|
|                           | N/A                                     |                    |                                          |
|                           |                                         |                    |                                          |
|                           |                                         |                    |                                          |
|                           |                                         |                    |                                          |
|                           | (e)<br>Transfer of gift                 |                    |                                          |
|                           | Transferee's name, address, and ZIP + 4 |                    | Relationship of transferor to transferee |
|                           |                                         |                    |                                          |
|                           |                                         |                    |                                          |
|                           |                                         |                    |                                          |
|                           | (e)<br>Transfer of gift                 |                    |                                          |
|                           | Transferee's name, address, and ZIP + 4 |                    | Relationship of transferor to transferee |
|                           |                                         |                    |                                          |
|                           |                                         |                    |                                          |
|                           |                                         |                    |                                          |
|                           | (e)<br>Transfer of gift                 |                    |                                          |
|                           | Transferee's name, address, and ZIP + 4 |                    | Relationship of transferor to transferee |
|                           |                                         |                    |                                          |
|                           |                                         |                    |                                          |
|                           |                                         |                    |                                          |
|                           | (e)<br>Transfer of gift                 |                    |                                          |
|                           | Transferee's name, address, and ZIP + 4 |                    | Relationship of transferor to transferee |
|                           |                                         |                    |                                          |
|                           |                                         |                    |                                          |
|                           |                                         |                    |                                          |
|                           | (e)<br>Transfer of gift                 |                    |                                          |
|                           | Transferee's name, address, and ZIP + 4 |                    | Relationship of transferor to transferee |
|                           |                                         |                    |                                          |
|                           |                                         |                    |                                          |
|                           |                                         |                    |                                          |

2012

## FEDERAL STATEMENTS

PAGE 1

CLIENT 161921

THE MERCHANTS BONDING COMPANY FOUNDATION

26-3035459

4/17/13

02 16PM

**STATEMENT 1**  
**FORM 990-PF, PART I, LINE 11**  
**OTHER INCOME**

|                            | (A)<br>REVENUE<br>PER BOOKS | (B) NET<br>INVESTMENT<br>INCOME | (C)<br>ADJUSTED<br>NET INCOME |
|----------------------------|-----------------------------|---------------------------------|-------------------------------|
| INCOME FROM SPECIAL EVENTS | \$ 103,433.                 |                                 |                               |
| <b>TOTAL</b>               | <b>\$ 103,433.</b>          | <b>\$ 0.</b>                    | <b>\$ 0.</b>                  |

**STATEMENT 2**  
**FORM 990-PF, PART I, LINE 16A**  
**LEGAL FEES**

|              | (A)<br>EXPENSES<br>PER BOOKS | (B) NET<br>INVESTMENT<br>INCOME | (C)<br>ADJUSTED<br>NET INCOME | (D)<br>CHARITABLE<br>PURPOSES |
|--------------|------------------------------|---------------------------------|-------------------------------|-------------------------------|
| LEGAL FEES   | \$ 240.                      |                                 |                               |                               |
| <b>TOTAL</b> | <b>\$ 240.</b>               | <b>\$ 0.</b>                    | <b>\$ 0.</b>                  | <b>\$ 0.</b>                  |

**STATEMENT 3**  
**FORM 990-PF, PART I, LINE 16B**  
**ACCOUNTING FEES**

|                                | (A)<br>EXPENSES<br>PER BOOKS | (B) NET<br>INVESTMENT<br>INCOME | (C)<br>ADJUSTED<br>NET INCOME | (D)<br>CHARITABLE<br>PURPOSES |
|--------------------------------|------------------------------|---------------------------------|-------------------------------|-------------------------------|
| ACCOUNTING AND TAX PREPARATION | \$ 1,635.                    |                                 |                               |                               |
| <b>TOTAL</b>                   | <b>\$ 1,635.</b>             | <b>\$ 0.</b>                    | <b>\$ 0.</b>                  | <b>\$ 0.</b>                  |

**STATEMENT 4**  
**FORM 990-PF, PART I, LINE 23**  
**OTHER EXPENSES**

|                                    | (A)<br>EXPENSES<br>PER BOOKS | (B) NET<br>INVESTMENT<br>INCOME | (C)<br>ADJUSTED<br>NET INCOME | (D)<br>CHARITABLE<br>PURPOSES |
|------------------------------------|------------------------------|---------------------------------|-------------------------------|-------------------------------|
| BANK CHARGES                       | \$ 218.                      |                                 |                               |                               |
| COMMUNITY OUTREACH COUNCIL EXPENSE | 120.                         |                                 |                               |                               |
| OTHER OPERATING EXPENSES           | 6,225.                       |                                 |                               |                               |
| SPECIAL EVENT EXPENSES             | 60,339.                      |                                 |                               |                               |
| TAX AND MISC EXPENSE               | 267.                         |                                 |                               |                               |
| <b>TOTAL</b>                       | <b>\$ 67,169.</b>            | <b>\$ 0.</b>                    | <b>\$ 0.</b>                  | <b>\$ 0.</b>                  |

CLIENT 161921

THE MERCHANTS BONDING COMPANY FOUNDATION

26-3035459

4/17/13

02 16PM

**STATEMENT 5**  
**FORM 990-PF, PART VIII, LINE 1**  
**LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

| NAME AND ADDRESS                                                   | TITLE AND<br>AVERAGE HOURS<br>PER WEEK DEVOTED | COMPEN-<br>SATION | CONTRI-<br>BUTION TO<br>EBP & DC | EXPENSE<br>ACCOUNT/<br>OTHER |
|--------------------------------------------------------------------|------------------------------------------------|-------------------|----------------------------------|------------------------------|
| LARRY TAYLOR<br>4127 PLUMWOOD<br>WEST DES MOINES, IA 50265         | PRESIDENT & DIR<br>0                           | \$ 0.             | \$ 0.                            | \$ 0.                        |
| WILLIAM WARNER, JR<br>3917 155TH STREET<br>URBANDALE, IA 50323     | SEC. TREAS. DIR<br>0                           | 0.                | 0.                               | 0.                           |
| MELISSA WARNER<br>4628 N AVENIDA DEL PUENTE<br>PHOENIX, AZ 85018   | DIRECTOR<br>0                                  | 0.                | 0.                               | 0.                           |
| JANET TAYLOR<br>7117 PELICAN BAY BLVD UNIT 607<br>NAPLES, FL 34108 | DIRECTOR<br>0                                  | 0.                | 0.                               | 0.                           |
| LLOYD TAYLOR<br>7117 PELICAN BAY BLVD UNIT 607<br>NAPLES, FL 34108 | DIRECTOR<br>0                                  | 0.                | 0.                               | 0.                           |
| BILL TAYLOR<br>5115 S. KENTON WAY<br>ENGLEWOOD, CO 80111           | DIRECTOR<br>0                                  | 0.                | 0.                               | 0.                           |
| JEFF TAYLOR<br>919 RAVENDALE PLACE<br>CARY, NC 27513               | DIRECTOR<br>0                                  | 0.                | 0.                               | 0.                           |
| TOTAL                                                              |                                                | \$ 0.             | \$ 0.                            | \$ 0.                        |

**STATEMENT 6**  
**FORM 990-PF, PART XV, LINE 3A**  
**RECIPIENT PAID DURING THE YEAR**

| NAME AND ADDRESS                                                        | DONEE<br>RELATIONSHIP | FOUND-<br>ATION<br>STATUS | PURPOSE OF<br>GRANT                                               | AMOUNT    |
|-------------------------------------------------------------------------|-----------------------|---------------------------|-------------------------------------------------------------------|-----------|
| BLANK CHILDRENS HOSPITAL<br>1440 INGERSOLL AVE<br>DES MOINES, IA 50309  | NONE                  | PUBLIC                    | SUPPORTS THE<br>HEALTH CARE<br>NEEDS OF<br>CHILDREN               | \$ 2,200. |
| YOUTH HOMES OF MID AMERICA<br>7225 NW 58TH STREET<br>JOHNSTON, IA 50131 | NONE                  | PUBLIC                    | HELP SHAPE<br>TODAY'S YOUTH<br>INTO TOMORROW'S<br>CAPABLE ADULTS. | 120,300.  |

CLIENT 161921

THE MERCHANTS BONDING COMPANY FOUNDATION

26-3035459

4/17/13

02 16PM

**STATEMENT 6 (CONTINUED)**  
**FORM 990-PF, PART XV, LINE 3A**  
**RECIPIENT PAID DURING THE YEAR**

| NAME AND ADDRESS                                                                    | DONEE<br>RELATIONSHIP | FOUND-<br>ATION<br>STATUS | PURPOSE OF<br>GRANT                                                                                                                                                                | AMOUNT    |
|-------------------------------------------------------------------------------------|-----------------------|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| BLANK PARK ZOO FOUNDATION,<br>INC<br>7401 SW 9TH STREET<br>DES MOINES, IA 50315     | NONE                  | PUBLIC                    | SUPPORTS THE<br>LOCAL ZOO IN DES<br>MOINES                                                                                                                                         | \$ 2,500. |
| DES MOINES SYMPHONY<br>221 WALNUT STREET<br>DES MOINES, IA 50309                    | NONE                  | PUBLIC                    | SUPPORTS THE<br>SYMPHONY IN DES<br>MOINES.                                                                                                                                         | 1,500.    |
| TERRACE HILL FOUNDATION<br>2300 GRAND AVE<br>DES MOINES, IA 50312                   | NONE                  | PUBLIC                    | SUPPORTS THE<br>UPKEEP OF THE<br>GOVERNOR'S<br>MANSION IN DES<br>MOINES.                                                                                                           | 500.      |
| CIVIC CENTER OF GREATER DES<br>MOINES<br>221 WALNUT STREET<br>DES MOINES, IA 50309  | NONE                  | PUBLIC                    | SUPPORTS THE<br>VARIOUS PROGRAMS<br>AND SHOWS THAT<br>ARE PUT ON<br>THROUGHOUT THE<br>YEAR.                                                                                        | 4,000.    |
| THE SURETY FOUNDATION<br>1101 CONNECTICUT AVENUE NW<br>#800<br>WASHINGTON, DC 20036 | NONE                  | PUBLIC                    | PROVIDES<br>SCHOLARSHIPS FOR<br>INDIVIDUALS<br>INTERESTED IN<br>PURSUING A<br>CAREER IN<br>SURETY.                                                                                 | 1,000.    |
| IOWA COLLEGE FOUNDATION<br>505 5TH AVENUE #1034<br>DES MOINES, IA 50309             | NONE                  | PUBLIC                    | PROVIDES<br>STUDENTS WITH<br>THE OPPORTUNITY<br>FOR A HIGH<br>QUALITY<br>EDUCATION BY<br>SECURING<br>FINANCIAL<br>RESOURCES FOR<br>MEMBER PRIVATE<br>COLLEGES AND<br>UNIVERSITIES. | 500.      |
| LYMPHOMA & LEUKEMIA SOCIETY<br>8033 UNIVERSITY<br>DES MOINES, IA 50325              | NONE                  | PUBLIC                    | CURE LEUKEMIA,<br>LYMPHOMA,<br>HODGKIN'S<br>DISEASE AND<br>MYELOMA, AND<br>IMPROVE THE<br>QUALITY OF LIFE<br>OF PATIENTS AND<br>THEIR FAMILIES.                                    | 7,000.    |

2012

## FEDERAL STATEMENTS

PAGE 4

CLIENT 161921

THE MERCHANTS BONDING COMPANY FOUNDATION

26-3035459

4/17/13

02 16PM

**STATEMENT 6 (CONTINUED)**  
**FORM 990-PF, PART XV, LINE 3A**  
**RECIPIENT PAID DURING THE YEAR**

| NAME AND ADDRESS                                                                                | DONEE<br>RELATIONSHIP | FOUND-<br>ATION<br>STATUS | PURPOSE OF<br>GRANT                                                                                                                                          | AMOUNT    |
|-------------------------------------------------------------------------------------------------|-----------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| ORCHARD PLACE<br>2116 GRADE AVE<br>DES MOINES, IA 50312                                         | NONE                  | PUBLIC                    | DEVELOP STRONG<br>FUTURES FOR<br>CHILDREN AND<br>YOUTH WITH<br>MENTAL HEALTH<br>AND BEHAVIORAL<br>CHALLENGES.                                                | \$ 2,500. |
| UNITED WAY OF CENTRAL IOWA<br>1111 NINTH STREET, SUITE<br>100<br>DES MOINES, IA 50314           | NONE                  | PUBLIC                    | IMPROVES LIVES<br>BY MOBILIZING<br>THE CARING<br>POWER OF<br>COMMUNITIES<br>AROUND THE WORLD<br>TO ADVANCE THE<br>COMMON GOOD.                               | 4,400.    |
| VARIETY, THE CHILDREN'S<br>NETWORK<br>505 5TH AVE SUITE 310<br>DES MOINES, IA 50309             | NONE                  | PUBLIC                    | HELPING<br>UNDERPRIVILEGED<br>, AT-RISK AND<br>SPECIAL NEEDS<br>CHILDREN IN<br>IOWA.                                                                         | 1,340.    |
| IOWA STATE UNIVERSITY<br>FOUNDATION<br>2505 UNIVERSITY BLVD, P.O.<br>BOX 2230<br>AMES, IA 50010 | NONE                  | PUBLIC                    | ESSENTIAL IN<br>BUILDING THE<br>FINANCIAL BASE<br>TO SUSTAIN<br>LONG-TERM GROWTH<br>OF ISU.                                                                  | 2,500.    |
| UNIVERSITY OF IOWA<br>FOUNDATION<br>P.O. BOX 4550<br>IOWA CITY, IA 52244                        | NONE                  | PUBLIC                    | PROVIDES SUPPORT<br>FOR THE GENERAL<br>ATHLETIC BUDGET<br>FOR THE<br>UNIVERSITY OF<br>IOWA.                                                                  | 2,600.    |
| BOYS & GIRLS CLUB OF<br>CENTRAL IOWA<br>1350 E WASHINGTON<br>DES MOINES, IA 50316               | NONE                  | PUBLIC                    | TO PROVIDE<br>CONTINUED DAILY<br>ACCESS TO<br>LIFE-ENRICHING<br>PROGRAMS AND<br>UNIQUE LEARNING<br>OPPPORTUNITIES<br>TO YOUNG PEOPLE<br>IN THE<br>COMMUNITY. | 500.      |

2012

## FEDERAL STATEMENTS

PAGE 5

CLIENT 161921

THE MERCHANTS BONDING COMPANY FOUNDATION

26-3035459

4/17/13

02 16PM

STATEMENT 6 (CONTINUED)  
 FORM 990-PF, PART XV, LINE 3A  
 RECIPIENT PAID DURING THE YEAR

| NAME AND ADDRESS                                                                                          | DONEE<br>RELATIONSHIP | FOUND-<br>ATION<br>STATUS | PURPOSE OF<br>GRANT                                                                                                                                      | AMOUNT    |
|-----------------------------------------------------------------------------------------------------------|-----------------------|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| MAKE A WISH FOUNDATION IA<br>3024 104TH STREET<br>URBANDALE, IA 50322                                     | NONE                  | PUBLIC                    | GRANTING WISHES<br>OF CHILDREN WITH<br>LIFE-THREATENING<br>MEDICAL<br>CONDITIONS TO<br>ENRICH THE HUMAN<br>EXPERIENCE WITH<br>HOPE, STRENGTH<br>AND JOY. | \$ 4,295. |
| CHILDREN & FAMILIES OF IOWA<br>1111 UNIVERSITY AVE<br>DES MOINES, IA 50314                                | NONE                  | PUBLIC                    | PROVIDES SAFE<br>SHELTER AND<br>SUPPORT FOR<br>VICTIMS FLEEING<br>DOMESTIC<br>VIOLENCE.                                                                  | 800.      |
| AIB COLLEGE OF BUSINESS<br>2500 FLEUR DRIVE<br>DES MOINES, IA 50321                                       | NONE                  | PUBLIC                    | SCHOLARSHIP                                                                                                                                              | 1,500.    |
| RONALD MCDONALD HOUSE<br>1441 PLEASANT STREET<br>DES MOINES, IA 50314                                     | NONE                  | PUBLIC                    | SUPPORT FOR<br>FAMILIES OF<br>CHILDREN<br>RECEIVING<br>CRITICAL MEDICAL<br>CARE IN DES<br>MOINES.                                                        | 800.      |
| SCIENCE CENTER OF IOWA &<br>BLANK IMAX DOME<br>401 MARTIN LUTHER KING JR.<br>PKWY<br>DES MOINES, IA 50309 | NONE                  | PUBLIC                    | TO BE THE<br>HIGHEST QUALITY<br>RESOURCE<br>INSPIRING<br>SCIENTIFIC<br>EXPLORATION<br>THROUGH<br>INTERACTIVE<br>EDUCATION,<br>PROGRAMS AND<br>EXHIBITS.  | 1,000.    |
| FRIENDS OF KUEMPER BALL<br>116 SOUTH EAST STREET<br>CARROLL, IA 51401                                     | NONE                  | PUBLIC                    | FUNDRAISER FOR<br>THE KUEMPER<br>CATHOLIC SCHOOL<br>SYSTEM.                                                                                              | 500.      |

CLIENT 161921

THE MERCHANTS BONDING COMPANY FOUNDATION

26-3035459

4/17/13

02 16PM

**STATEMENT 6 (CONTINUED)**  
**FORM 990-PF, PART XV, LINE 3A**  
**RECIPIENT PAID DURING THE YEAR**

| NAME AND ADDRESS                                                                                 | DONEE<br>RELATIONSHIP | FOUND-<br>ATION<br>STATUS | PURPOSE OF<br>GRANT                                                                                                                                               | AMOUNT  |
|--------------------------------------------------------------------------------------------------|-----------------------|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| CYSTIC FIBROSIS FOUNDATION<br>DES MOINES<br>1025 ASHWORTH ROAD #512<br>WEST DES MOINES, IA 50265 | NONE                  | PUBLIC                    | TO PROVIDE<br>MEDICAL<br>RESEARCH,<br>DEVELOP NEW<br>DRUGS AND<br>THERAPIES,<br>PROVIDE CARE,<br>AND ULTIMATELY<br>TO FIND A CURE<br>FOR CYSTIC<br>FIBROSIS.      | \$ 500. |
| IOWA INS HALL OF FAME<br>10546 JUSTIN DRIVE<br>URBANDALE, IA 50322                               | NONE                  | PUBLIC                    | TO HONOR THOSE<br>INDIVIDUALS WHO<br>HAVE MADE AN<br>IMPACT ON THE<br>INSURANCE<br>INDUSTRY IN<br>IOWA.                                                           | 250.    |
| GIRL SCOUTS OF GREATER IA<br>10715 HICKMAN ROAD<br>DES MOINES, IA 50322                          | NONE                  | PUBLIC                    | BUILDS GIRLS OF<br>COURAGE,<br>CONFIDENCE AND<br>CHARACTER WHO<br>MAKE THE WORLD A<br>BETTER PLACE                                                                | 80.     |
| BIG BROTHERS BIG SISTERS OF<br>GREATER KC<br>3908 WASHINGTON STREET<br>KANSAS CITY, MO 64111     | NONE                  | PUBLIC                    | ORGANIZATION<br>MATCHES CHILDREN<br>OF ONE-PARENT<br>FAMILIES, IN<br>ONE-TO-ONE<br>FRIENDSHIPS.<br>CREATING<br>FRIENDSHIPS THAT<br>OTHERWISE WOULD<br>NOT HAPPEN. | 100.    |
| YMCA OF GREATER DM<br>101 LOCUST STREET<br>DES MOINES, IA 50309                                  | NONE                  | PUBLIC                    | BUILD STRONG<br>KIDS, STRONG<br>FAMILIES AND<br>STRONG<br>COMMUNITIES.                                                                                            | 400.    |
| RJF AGENCIES<br>7225 NORTHLAND DRIVE N #300<br>MINNEAPOLIS, MN 55428                             | NONE                  | PUBLIC                    | HELPED PREPARE<br>LOW INCOME HIGH<br>SCHOOL STUDENTS<br>FOR COLLEGE.                                                                                              | 200.    |

2012

## FEDERAL STATEMENTS

PAGE 7

CLIENT 161921

THE MERCHANTS BONDING COMPANY FOUNDATION

26-3035459

4/17/13

02.16PM

**STATEMENT 6 (CONTINUED)**  
**FORM 990-PF, PART XV, LINE 3A**  
**RECIPIENT PAID DURING THE YEAR**

| NAME AND ADDRESS                                                            | DONEE<br>RELATIONSHIP | FOUND-<br>ATION<br>STATUS | PURPOSE OF<br>GRANT                                                                                                                                                                       | AMOUNT    |
|-----------------------------------------------------------------------------|-----------------------|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| PRINCIPAL CHARITY CLASSIC<br>2771 104TH ST SUITE I<br>URBANDALE, IA 50322   | NONE                  | PUBLIC                    | THE TOURNAMENT<br>RAISES MONEY FOR<br>LOCAL NON-PROFIT<br>ORGANIZATIONS<br>SUPPORTING<br>CHILDREN IN THE<br>ARTS, CULTURE,<br>HEALTH AND HUMAN<br>SERVICES.                               | \$ 5,000. |
| AMERICAN HEART ASSOCIATION<br>1111 9TH ST SUITE 280<br>DES MOINES, IA 50314 | NONE                  | PUBLIC                    | TO BUILD<br>HEALTHIER LIVES,<br>FREE OF<br>CARDIOVASCULAR<br>DISEASES AND<br>STROKE.                                                                                                      | 1,000.    |
| DES MOINES COMMUNITY<br>PLAYHOUSE<br>831 42ND ST<br>DES MOINES, IA 50312    | NONE                  | PUBLIC                    | PROVIDES<br>ENTERTAINMENT,<br>EDUCATION, AND<br>AVOCATIONAL<br>ACTIVITIES TO<br>GENERATIONS OF<br>CENTRAL IOWANS.                                                                         | 1,000.    |
| MARCH OF DIMES<br>2910 WESTOWN PKWY SUITE 301<br>WEST DES MOINES, IA 50266  | NONE                  | PUBLIC                    | HELP MOMS HAVE<br>FULL-TERM<br>PREGNANCIES AND<br>RESEARCH THE<br>PROBLEMS THAT<br>THREATEN THE<br>HEALTH OF<br>BABIES.                                                                   | 1,000.    |
| SALISBURY HOUSE<br>4025 TONAWANDA DRIVE<br>DES MOINES, IA 50312             | NONE                  | PUBLIC                    | HELPS TO<br>PRESERVE THE<br>HOUSE AND<br>GARDENS; PROVIDE<br>EDUCATIONAL AND<br>CULTURAL<br>PROGRAMMING FOR<br>STUDENTS AND<br>OTHER OF ALL<br>AGES, INCOMES,<br>AND LIFE<br>EXPERIENCES. | 500.      |
| DRAKE UNIVERSITY<br>2507 UNIVERSITY AVE<br>DES MOINES, IA 50311             | NONE                  | PUBLIC                    | PROVIDES SUPPORT<br>FOR IMMEDIATE<br>NEEDS OF ONGOING<br>OPERATING<br>EXPENSE.                                                                                                            | 500.      |

2012

## FEDERAL STATEMENTS

PAGE 8

CLIENT 161921

THE MERCHANTS BONDING COMPANY FOUNDATION

26-3035459

4/17/13

02 34PM

STATEMENT 6 (CONTINUED)  
 FORM 990-PF, PART XV, LINE 3A  
 RECIPIENT PAID DURING THE YEAR

| NAME AND ADDRESS                                                                         | DONEE<br>RELATIONSHIP | FOUND-<br>ATION<br>STATUS | PURPOSE OF<br>GRANT                                                                                                                                                                                                                                                      | AMOUNT  |
|------------------------------------------------------------------------------------------|-----------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| HOYT SHERMAN FOUNDATION<br>1501 WOODLAND AVE<br>DES MOINES, IA 50309                     | NONE                  | PUBLIC                    | PROVIDES AND<br>BROADENS<br>OPPORTUNITIES<br>FOR PEOPLE OF<br>ALL AGES TO<br>VIEW, LEARN, AND<br>PARTICIPATE IN<br>THE PERFORMING<br>AND VISUAL ARTS.                                                                                                                    | \$ 500. |
| BROADLAWNS MEDICAL CENTER<br>FOUNDATION<br>PO BOX 5008<br>DES MOINES, IA 50305           | NONE                  | PUBLIC                    | TO SUPPORT THE<br>HOSPITAL SO THAT<br>IT CAN PROVIDE<br>HIGH QUALITY<br>CHARITABLE CARE.                                                                                                                                                                                 | 250.    |
| AMYOTROPHIC LATERAL<br>SCLEROSIS ASSN<br>6165 NW 86TH ST SUITE 205<br>JOHNSTON, IA 50131 | NONE                  | PUBLIC                    | TO TREAT AND<br>CURE ALS THROUGH<br>GLOBAL RESEARCH<br>AND NATIONWIDE<br>ADVOCACY WHILE<br>ALSO EMPOWERING<br>PEOPLE WITH LOU<br>GEHRIG'S DISEASE<br>AND THEIR<br>FAMILIES TO LIVE<br>FULLER LIVES BY<br>PROVIDING THEM<br>WITH<br>COMPASSIONATE<br>CARE AND<br>SUPPORT. | 200.    |
| HOPE MINISTRIES<br>PO BOX 862<br>DES MOINES, IA 50304                                    | NONE                  | PUBLIC                    | MEETING THE<br>SPIRITUAL,<br>PHYSICAL, AND<br>EMOTIONAL NEEDS<br>OF MEN, WOMEN<br>AND CHILDREN WHO<br>ARE HOMELESS OR<br>IN NEED OF HOPE.                                                                                                                                | 325.    |
| SPECIAL OLYMPICS IOWA<br>551 SE DOVETAIL RD PO BOX<br>620<br>GRIMES, IA 50111            | NONE                  | PUBLIC                    | PROVIDES<br>YEAR-ROUND<br>SPORTS TRAINING<br>AND ATHLETIC<br>COMPETITION TO<br>IOWA ATHLETES<br>WITH<br>INTELLECTUAL<br>DISABILITIES.                                                                                                                                    | 200.    |

2012

## FEDERAL STATEMENTS

PAGE 9

CLIENT 161921

THE MERCHANTS BONDING COMPANY FOUNDATION

26-3035459

4/17/13

02 16PM

STATEMENT 6 (CONTINUED)  
 FORM 990-PF, PART XV, LINE 3A  
 RECIPIENT PAID DURING THE YEAR

| NAME AND ADDRESS                                                                  | DONEE<br>RELATIONSHIP | FOUND-<br>ATION<br>STATUS | PURPOSE OF<br>GRANT                                                                                                                                                                                                                  | AMOUNT  |
|-----------------------------------------------------------------------------------|-----------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| SHRINERS HOSPITALS FOR<br>CHILDREN<br>2900 ROCKY POINT DRIVE<br>TAMPLA, FL 33607  | NONE                  | PUBLIC                    | PROGRAM SUPPORT<br>FOR THE<br>HOSPITALS WHICH<br>PROVIDE FOR THE<br>TREATMENT OF<br>CHILDREN WITH<br>ORTHOPAEDIC AND<br>NEUROMUSCULOSKELE-<br>TAL CONDITIONS.                                                                        | \$ 100. |
| AMERICAN CANCER SOCIETY<br>8364 HICKMAN RD, SUITE D<br>DES MOINES, IA 50325       | NONE                  | PUBLIC                    | PROGRAM SUPPORT                                                                                                                                                                                                                      | 100.    |
| SAMARITANS PURSE<br>PO BOX 3000<br>BOONE, NC 28607                                | NONE                  | PUBLIC                    | HELPS MEET THE<br>NEEDS OF PEOPLE<br>WHO ARE VICTIMS<br>OF WAR, POVERTY,<br>NATURAL<br>DISASTERS,<br>DISEASE, AND<br>FAMINE WITH THE<br>PURPOSE OF<br>SHARING GOD'S<br>LOVE THROUGH<br>CHRIST.                                       | 50.     |
| HAWTHORN HILL<br>3001 GRAND AVE<br>DES MOINES, IA 50312                           | NONE                  | PUBLIC                    | TO ESTABLISH AND<br>OPERATE HOUSING<br>PROGRAMS FOR<br>HOMELESS<br>FAMILIES WITH<br>CHILDREN THAT<br>HELP THEM OBTAIN<br>PERMANENT<br>HOUSING AND TO<br>PROVIDE SERVICES<br>TO HELP FAMILIES<br>ACHIEVE ECONOMIC<br>SELF-SUFFICIENCY | 2,000.  |
| BRAVO GREATER DES MOINES<br>700 LOCUST ST<br>DES MOINES, IA 50309                 | NONE                  | PUBLIC                    | TO INCREASE<br>CULTURAL<br>AWARENESS,<br>ADVOCACY, AND<br>FUNDING.                                                                                                                                                                   | 2,500.  |
| CHILDREN'S HOSPITAL CLINICS<br>OF MINNESOTA<br>PO BOX 69508<br>PORTLAND, OR 97239 |                       | PUBLIC                    | PROGRAM SUPPORT                                                                                                                                                                                                                      | 500.    |

CLIENT 161921

THE MERCHANTS BONDING COMPANY FOUNDATION

26-3035459

4/17/13

02 35PM

STATEMENT 6 (CONTINUED)  
FORM 990-PF, PART XV, LINE 3A  
RECIPIENT PAID DURING THE YEAR

| NAME AND ADDRESS                                                                    | DONEE<br>RELATIONSHIP | FOUND-<br>ATION<br>STATUS | PURPOSE OF<br>GRANT                                                                                                                                                                                       | AMOUNT    |
|-------------------------------------------------------------------------------------|-----------------------|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| JUVENILE DIABETES RESEARCH<br>3580 EP TRUE PARKWAY<br>WEST DES MOINES, IA 50265     | NONE                  | PUBLIC                    | TO FIND A CURE<br>FOR DIABETES AND<br>ITS<br>COMPLICATIONS<br>THROUGH THE<br>SUPPORT OF<br>RESEARCH.                                                                                                      | \$ 2,000. |
| PLAY FOR PINK<br>175 E 74TH ST, SUITE 17B<br>NEW YORK, NY 10021                     | NONE                  | PUBLIC                    | SUPPORT FOR<br>BREAST CANCER<br>RESEARCH                                                                                                                                                                  | 300.      |
| HOLY FAMILY SCHOOL INNER<br>CITY YOUTH FDN<br>1265 E 9TH ST<br>DES MOINES, IA 50316 | NONE                  | PUBLIC                    | TO PROVIDE<br>SUPPORT FOR HOLY<br>FAMILY SCHOOL.                                                                                                                                                          | 300.      |
| CHILDSERVE<br>5406 MERLE HAY RD, PO BOX<br>707<br>JOHNSTON, IA 50131                | NONE                  | PUBLIC                    | TO PROVIDE<br>SUPPORT FOR THE<br>ORGANIZATION'S<br>PROGRAMS WHICH<br>HELP CHILDREN<br>WITH SPECIAL<br>HEALTHCARE NEEDS<br>LIVE A GREAT<br>LIFE.                                                           | 250.      |
| YOUTH ENCOURAGEMENT<br>SERVICES<br>521 MCLVER ST<br>NASHVILLE, TN 37211             | NONE                  | PUBLIC                    | TO PROVIDE<br>SUPPORT FOR<br>ORGANIZATION<br>PROGRAMS WHICH<br>PURPOSE IS TO<br>ENRICH THE LIVES<br>OF CHILDREN IN<br>INNER CITY<br>NASHVILLE BY<br>ENCOURAGING THEM<br>TO REACH THEIR<br>FULL POTENTIAL. | 250.      |
| OTT FAMILY YMCA<br>401 S PRUDENCE ROAD<br>TUSCON, AZ 85710                          | NONE                  | PUBLIC                    | PROGRAM SUPPORT                                                                                                                                                                                           | 250.      |
| WOODLAND HILLS RANCH<br>2552 UNION LAND ST<br>CHARLES , IA 50240                    | NONE                  | PUBLIC                    | PROVIDE PROGRAM<br>SUPPORT TO RANCH<br>FOR AT-RISK<br>YOUTH.                                                                                                                                              | 250.      |

CLIENT 161921

THE MERCHANTS BONDING COMPANY FOUNDATION

26-3035459

4/17/13

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**STATEMENT 6 (CONTINUED)**  
**FORM 990-PF, PART XV, LINE 3A**  
**RECIPIENT PAID DURING THE YEAR**

| NAME AND ADDRESS                                                                   | DONEE<br>RELATIONSHIP | FOUND-<br>ATION<br>STATUS | PURPOSE OF<br>GRANT                                                                                                         | AMOUNT  |
|------------------------------------------------------------------------------------|-----------------------|---------------------------|-----------------------------------------------------------------------------------------------------------------------------|---------|
| PROJECT NOW COMMUNITY<br>ACTION AGENCY<br>418 19TH ST<br>ROCK ISLAND, IL 61201     | NONE                  | PUBLIC                    | PROGRAMS SUPPORT<br>A BROAD RANGE OF<br>SERVICES TO HELP<br>MEET PEOPLE'S<br>BASIC NEEDS AND<br>ACHIEVE<br>SELF-SUFFICIENCY | \$ 250. |
| ANKENY JUNIOR FOOTBALL CLUB<br>PO BOX 874<br>ANKENY, IA 50021                      | NONE                  | PUBLIC                    | SUPPORT FOR<br>SCHOOL FOOTBALL<br>PROGRAM.                                                                                  | 200.    |
| JUDI'S HOUSE<br>1741 GAYLORD ST<br>DENVER, CO 80206                                | NONE                  | PUBLIC                    | SUPPORT FOR<br>PROGRAMS WHICH<br>PROVIDE HOPE AND<br>HEALING FOR<br>GRIEVING<br>CHILDREN AND<br>FAMILIES.                   | 200.    |
| BEST FRIENDS ANIMAL SOCIETY<br>5001 ANGEL CANYON RD<br>KANAB, UT 84741             | NONE                  | PUBLIC                    | PROGRAM SUPPORT                                                                                                             | 200.    |
| UNIVERSITY OF SOUTH DAKOTA<br>414 E CLARK ST<br>VERMILLION, SD 57069               | NONE                  | PUBLIC                    | PROGRAM SUPPORT                                                                                                             | 200.    |
| SCOTTSDALE 20/30 CLUB<br>535 E MCKELLIPS RD #129<br>MESA, AZ 85203                 | NONE                  | PUBLIC                    | TO PROVIDE<br>SUPPORT TO<br>CHILDREN'S<br>CHARITIES.                                                                        | 150.    |
| PROJECT 52, INC.<br>PO BOX 3681<br>URBANDALE, IA 50323                             | NONE                  | PUBLIC                    | TREES TO<br>REMEMBER<br>PROGRAM.                                                                                            | 125.    |
| UNIVERSITY OF NORTHERN IOWA<br>205 COMMONS<br>CEDAR FALLS, IA 50614                | NONE                  | PUBLIC                    | PROGRAM SUPPORT                                                                                                             | 120.    |
| K LOVE<br>5700 W OAKS BLVD<br>ROCKLIN, CA 95765                                    | NONE                  |                           | SUPPORT FOR<br>CHRISTIAN RADIO<br>PROGRAMS.                                                                                 | 100.    |
| FRIENDS OF IOWA PUBLIC<br>TELEVISION<br>6450 CORPORATE DRIVE<br>JOHNSTON, IA 50131 | NONE                  | PUBLIC                    | PROGRAM SUPPORT                                                                                                             | 65.     |

CLIENT 161921

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STATEMENT 6 (CONTINUED)  
FORM 990-PF, PART XV, LINE 3A  
RECIPIENT PAID DURING THE YEAR

| NAME AND ADDRESS                                                                       | DONEE<br>RELATIONSHIP | FOUND-<br>ATION<br>STATUS | PURPOSE OF<br>GRANT | AMOUNT             |
|----------------------------------------------------------------------------------------|-----------------------|---------------------------|---------------------|--------------------|
| AMERICAN DIABETES<br>ASSOCIATION<br>1701 NORTH BEAUREGARD ST<br>ALEXANDRIA, VA 22311   | NONE                  | PUBLIC                    | PROGRAM SUPPORT     | \$ 50.             |
| PLANNED PARENTHOOD<br>FEDERATION OF AMERICA<br>434 W 33RD STREET<br>NEW YORK, NY 10001 | NONE                  | PUBLIC                    | PROGRAM SUPPORT     | 50.                |
| STILL WATER CHRISTIAN<br>MINISTRIES<br>PO BOX 1885<br>BOERNE, TX 78006                 | NONE                  | PUBLIC                    | PROGRAM SUPPORT     | 50.                |
| STEPHEN BREEN MEMORIAL<br>1940 WARNER RD<br>FORT WORTH, TX 76110                       | NONE                  |                           | MEMORIAL            | 50.                |
| PEPPED UP<br>5511 W MERCURY WAY<br>CHANDLER, AZ 85226                                  | NONE                  | PUBLIC                    | PROGRAM SUPPORT     | 50.                |
| HOOVER-MEREDITH LEARNING<br>COMM FDN<br>PO BOX 31215<br>DES MOINES, IA 50310           | NONE                  | PUBLIC                    | PROGRAM SUPPORT     | 50.                |
| WHEATON COLLEGE<br>501 COLLEGE AVE<br>WHEATON, IL 60187                                | NONE                  | PUBLIC                    | PROGRAM SUPPORT     | 50.                |
| TOTAL                                                                                  |                       |                           |                     | \$ <u>185,050.</u> |