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SCANNED SEP 2 4 2014

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

► Do not enter Social Security numbers on this form as it may be made public.

► Information about Form 990-PF and its separate instructions is at www.irs.gov/form990of.

OMB No. 1545-0052

2013
Open to Public Inspection

ror	caier	idar year 2013 or tax year deginning		, and ending		
Nai	ne of	foundation			A Employer identification	number
W	OR	LD FOOD PRIZE FOUNDATIO	42-1356715			
		nd street (or P.O. box number if mail is not delivered to street	B Telephone number			
6	66	GRAND AVENUE, 1700 RUA	N CENTER		(515)245-2	552
		own, state or province, country, and ZIP or foreign p	ostal code		C If exemption application is p	ending, check here
_	_	MOINES, IA 50309				
G (heck	all that apply: Initial return		ormer public charity	D 1. Foreign organizations	s, check here
		Final return	Amended return		Foreign organizations me check here and attach co	eting the 85% test,
-	haal	X Address change	Name change	 	1	
-	_	type of organization: X Section 501(c)(3) exction 4947(a)(1) nonexempt charitable trust	Other taxable private found	ata a	E If private foundation sta	
1 6		arket value of all assets at end of year J Account	· · · · · · · · · · · · · · · · · · ·	X Accrual	under section 507(b)(1)	, , ,
			ther (specify)	ACCIUAI	F If the foundation is in a	
	·\$	51,834,480. (Part I, colu		hasis)	under section 507(b)(1)	(B), check here
	irt I		T		(a) Adinated and	(d) Disbursements
<u></u>		(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	for chantable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	7,757,755.		第120年三十五日 1241 1241	47 1947 47 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	'2	Check	3 1 1 2 - 1 m 1 m	10 42 + 24 20 20 1 2 4 2 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1	Contract to the property	AND A REPORT OF A STATE OF THE
	3	Interest on savings and temporary		·		
	4	VELOTION 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$\\610,002.	610,002.	610.002.	STATEMENT 1
	ı -	" ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	256,990.	256,990.		STATEMENT 2
		Gross rents Net rental income or (loss) (0) 256, 990	THE THETTER	Trough rate of the	To have to a Constant	17 mg 17 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1
		Net gain or (loss) from sale of assets not on line 10	78,334.	33 1 1 1 1 3 3 3 5 1 1 1 5 5 5 5 5 5 5 5	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	1801 18 18 198- "
ž		Gross sales price for all assets on line 6a	- No. 334 Set 203	र्गान्त्र अस्ति पर्दे र	無対 国際 (10 mg)	20-2-25 (PA) 1
Revenue	7	Capital gain net income (from Part IV, line 2)	1 -2 -4	78,334.	- , see see .	18 m 1 1 1 3 7 1 1 2
æ	8	Net short-term capital gain	-40 2 2 4		78,334.	Man In Tall
	9	Income modifications		1 3 3 3 3 3 3 3	,	5 800 1 2 4 50
	10a	Gross sales less returns			f	13.3
		Less Cost of goods sold	Language Control	the state of the state of	4 - 4 -	6 10 1g 15 1g 16 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		Gross profit or (loss)				with the state of
	11	Other income	371,723.	0.	371,723.	STATEMENT 3
	12 Total. Add lines 1 through 11		9,074,804.	945,326.	1,317,049.	AND STATE OF THE
	13	Compensation of officers, directors, trustees, etc	259,335.	0.	0.	259,335.
	14	Other employee salaries and wages	604,058.	0.	0.	604,058.
	15	Pension plans, employee benefits	90,972.	0.	0.	90,972.
ensea	16a	Legal fees STMT 4	294,789.	0.	0.	294,789.
	b	Accounting fees STMT 5	30,300.	0.	0.	30,300.
ᄶ	C	Other professional fees STMT 6	14,302.	0.		14,302.
Operating and Administrative Exp	17	Interest	55,180.	0.	0.	55,180.
rat	18	Taxes				
nist	19	Depreciation and depletion	1,334,627.	0.	0.	
Ē	20	Occupancy	<u></u>			
ĕ	21	Travel, conferences, and meetings	188,635.	0.	0.	188,635.
anc	22	Printing and publications	78,907.	0.	0.	78,907.
ng	23	Other expenses STMT 7	1,572,074.	0.	0.	1,572,074.
rati	24	Total operating and administrative		_	_	
ğ		expenses. Add lines 13 through 23	4,523,179.	0.	0.	3,188,552.
U		Contributions, gifts, grants paid	250,000.			250,000.
	26	Total expenses and disbursements.		_	1	
	L_	Add lines 24 and 25	4,773,179.	0.	0.	3,438,552.
	27	Subtract line 26 from line 12:				
		Excess of revenue over expenses and disbursements	4,301,625.	0.45 305		
		Net investment income (If negative, enter -0-)		945,326.	1 217 040	
3005	1 C	Adjusted net income (if negative, enter -0-)	<u> </u>	<u> </u>	1,317,049.	F 000 PF (00 (0)
3235 10-1	Ď- 13	LHA For Paperwork Reduction Act Notice, see	instructions.			Form 990-PF (2013)

50,938,193.

Form **990-PF** (2013)

Par	TII Balance Sheets Attached schedules and amounts in the description	Beginning of year	End o	of year
rar	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1 Cash - non-interest-bearing	106,912.	181,546.	
- [.	2 Savings and temporary cash investments	1,484,773.	2,292,144.	2,292,144
i			2,272,177.	2,272,133
- [;	3 Accounts receivable ► 510,422.		·- <u></u>	F10 400
	Less: allowance for doubtful accounts	822,289.	510,422.	510,422
- 4	4 Pledges receivable ► 1,102,508.			
	Less: allowance for doubtful accounts ► 7,696.	2,824,834.	1,094,812.	1,094,812
;	5 Grants receivable			
-17	6 Receivables due from officers, directors, trustees, and other			
	disqualified persons			
١.			از المعتمد على المعتمد المعتمد المعتمد المعتمد المعتمد على المعتمد المعتمد المعتمد المعتمد المعتمد المعتمد الم	The Report of the Fire Control
- 1 '		Franklen i Frank	المستناف والمستنافة	LINE MARKET
	Less: allowance for doubtful accounts			
sts '	B Inventories for sale or use			
Assets	9 Prepaid expenses and deferred charges	22,013.	19,219.	19,219
⋖ 1(Da Investments - U.S. and state government obligations			
	b Investments - corporate stock STMT 8	12,967,803.	17,672,618.	17,672,618
	c Investments - corporate bonds	······································		•
1,	I lovestoments - band, buildings, and equipment basis	الهائلي الأثري براية والمواد الا		war in a feathfall of
- 1.		الماسكاتسيناها أداد المامات	علقاً مستشده الشاعب الشاعب الشاعب عن الما	with the live of t
1	Less: accumulated depreciation			<u> </u>
- 1	2 Investments - mortgage loans			
13	•			
14	4 Land, buildings, and equipment basis \triangleright 32,789,172.	- 1 7 = 17 - The will - which	La la st 1/4 gr - 7/3/7/2/11 2 gr /f	ANGEL TO THE REAL PROPERTY.
	Less accumulated depreciation 2,733,900.	30,739,911.	30,055,272.	
1!	5 Other assets (describe ► STATEMENT 9)	17,848.	8,447.	8,447
10	6 Total assets (to be completed by all filers - see the			
	instructions. Also, see page 1, item 1)	48,986,383.	51,834,480.	51,834,480
11	7 Accounts payable and accrued expenses	1,167,299.	888,787.	· Mar a grade of the second of the second
11	· · · · · · · · · · · · · · · · · · ·	2,20,,2000	000,707.	不過去不能發展了
ر د ا	· ·	8,050.	7,500.	
S 1	_ ` ` ` ` ` ` ` ' \	0,000.	7,500.	
≣ 20				
Liabilities				The state of the s
- 22	2 Other liabilities (describe ► MARGIN LOAN)	4,535,000.	0.	
				MENT OF VICTORIAN
2:	3 Total liabilities (add lines 17 through 22)	5,710,349.	896,287.	
	Foundations that follow SFAS 117, check here			
- 1	and complete lines 24 through 26 and lines 30 and 31.			等的基件 化丁丁二
B 2	·	42,881,212.	48,957,474.	
S 24	· · · · · · · · · · · · · · ·	394,822.		
			1,000,710.	
<u> </u>				
Fund Ba	Foundations that do not follow SFAS 117, check here			
۵ <u>۱</u>	and complete lines 27 through 31.			
g 2	7 Capital stock, trust principal, or current funds			The state of the s
8 2	8 Paid-in or capital surplus, or land, bldg., and equipment fund			
Net Assets	9 Retained earnings, accumulated income, endowment, or other funds			
₹ 3	O Total net assets or fund balances	43,276,034.	50,938,193.	
-			,	
3	1 Total liabilities and net assets/fund balances	48,986,383.	51,834,480.	me that the second
			32,001,100.	<u> </u>
Par	t III Analysis of Changes in Net Assets or Fund B	alances		
1 To	tal net assets or fund balances at beginning of year - Part II, column (a), line	30		
	nust agree with end-of-year figure reported on prior year's return)		1	43,276,034
	ter amount from Part I, line 27a		2	4,301,625
		GAIN ON INVES		3,360,534
	Id lines 1, 2, and 3		4	50,938,193
- A0	a miss is a unit o		Į 4	1 201201220

5 Decreases not included in line 2 (itemize)

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

Part IV. Capital Gains a	nd Losses for Tax on Ir	vestmen	t Income					
(a) List and descrit 2-story brick ware	pe the kind(s) of property sold (e g shouse; or common stock, 200 shs	., real estate, s. MLC Co.)		(b)	low acc - Purch - Dona	quired (a lase tion	c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a INTEL CALLS	 .			╁	20114	-	······································	
b								
C				 				
d								
<u>e</u>	(f) Depreciation allowed	(a) Cos	st or other basis				(h) Gain or (lo	
(e) Gross sales price	(or allowable)		xpense of sale				(e) plus (f) minu	s (g)
a 78,334.			78,33	34.				78,334.
<u>b</u>								
d	•			\dashv				· ·
e								
Complete only for assets showing	gain in column (h) and owned by	the foundation	on 12/31/69			(1) (Sains (Col. (h) ga	in minus
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (i)				k), but not less t Losses (from co	
a								78,334.
b								
C								
d								
e								
2 Capital gain net income or (net capi	If gain, also enter atal loss) If (loss), enter -0			}	2			78,334.
3 Net short-term capital gain or (loss		nd (6):						
If gain, also enter in Part I, line 8, co	olumn (c).							78,334.
If (loss), enter -0- in Part I, line 8 Part V Qualification Un	der Section 4940(e) for	Reduced	Tax on Ne	t Inv	estm	ent Inco	me	10,334.
If section 4940(d)(2) applies, leave this Was the foundation liable for the section If "Yes," the foundation does not qualif Enter the appropriate amount in ea	on 4942 tax on the distributable arr y under section 4940(e). Do not co	mplete this pa	ırt.			•		Yes X No
(a)	(b)	isu actions be	iore making any	(c)			Dist	(d) Tibution ratio
Base period years Calendar year (or tax year beginning		tributions	Net value of n			ise assets	(cor (p)	divided by col. (c))
2012		7,324.				6,978.		.171571
2011		7,456.				9,585.		.171079
2010		7,091. 7,549.				3,078. 8,882.		.107175
2009		2,962.				3,740.		.122765
2000					,	7		· · · · · · · · · · · · · · · · · · ·
2 Total of line 1, column (d)							2	.705652
3 Average distribution ratio for the 5-	year base period - divide the total	on line 2 by 5,	or by the numbe	r of ye	ars			
the foundation has been in existen	ce if less than 5 years						3	.141130
4 Enter the net value of noncharitable	e-use assets for 2013 from Part X,	line 5					4	16,510,668.
5 Multiply line 4 by line 3							5	2,330,151.
6 Enter 1% of net investment income	e (1% of Part I, line 27b)						6	9,453.
7 Add lines 5 and 6						•	7	2,339,604.
8 Enter qualifying distributions from	Part XII, line 4						8	3,438,552.
If line 8 is equal to or greater than I See the Part VI instructions.	ine 7, check the box in Part VI, line	t 1b, and comp	olete that part us	ng a 1	% tax r	ate.		
								- 000 DE (00.40

Form 990-PF (2013) WORLD FOOD PRIZE FOUNDATION			42-	1356	715		Page 4
Part VI Excise Tax Based on Investment Income (Section 4940)(a), 4940(b), 4940(e), or					
1a Exempt operating foundations described in section 4940(d)(2), check here and en	iter "N/A" on line	1.		, ,	.,, -		7
Date of ruling or determination letter: (attach copy of letter if nece				Α.	,	문1.	رآء -
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here			1			9,4	153.
of Part I, line 27b			15" 344	موريها العدامة	مي ه مه	when you	-
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%	of Part I, line 12	2, col. (b).	1.	a,	,	r . '.	
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Other	hers enter -0-)		2				0.
3 Add lines 1 and 2			3			9,4	53.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Ot	hers enter -0-)		4				0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			5			9,4	53.
6 Credits/Payments:			, 7	To the J. 1975	¹	<u>: ``` }</u>	4,7
a 2013 estimated tax payments and 2012 overpayment credited to 2013	6a	9,037		124.5			. izi
b Exempt foreign organizations - tax withheld at source	6b]`-:"_[1		'. ' '	المريش تواما
c Tax paid with application for extension of time to file (Form 8868)	6c			空气	ي ويا د ويا راي رويا	تمريدا بيرم	
d Backup withholding erroneously withheld	6d					1.	
7 Total credits and payments. Add lines 6a through 6d			7		<u></u>	9,0	37.
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attac	hed		8				
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			9			4	16.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			10				-
11 Enter the amount of line 10 to be: Credited to 2014 estimated tax		Refunded	11				
'Rart VII-A: Statements Regarding Activities							
1a During the tax year, did the foundation attempt to influence any national, state, or local legisla	ation or did it pa	irticipate or interven	e in		1212	Yes	No
any political campaign?					1a		Х
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposi	es (see instructi	ons for the definition	n)?		1b		Х
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and	d copies of any	y materials publish	ed or		. 20	1.3%	35
distributed by the foundation in connection with the activities.					经货	$\vec{x}_{j,j}$	20.00
c Did the foundation file Form 1120-POL for this year?				. [1c		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the	year:				, 100 m	17.80	£, 5
(1) On the foundation. > \$ (2) On foundation managers.	\$	0.	•		73	, ,	
e Enter the reimbursement (if any) paid by the foundation during the year for political expendit	ure tax imposed	on foundation	-			7	ماني ماني عرفي
managers. ► \$ 0 .					1		1. E. C.
2 Has the foundation engaged in any activities that have not previously been reported to the IR	S?				2		X
If "Yes," attach a detailed description of the activities.					1 1 20	Para.	15 J.
3 Has the foundation made any changes, not previously reported to the IRS, in its governing in	istrument, articl	es of incorporation,	or			7,77 m'	4
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change	s				3		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year	?	· · · · · · · · · · · · · · · · · · ·			4a		X_
b If "Yes," has it filed a tax return on Form 990-T for this year?		· · · · ·	N	/A	4b		<u> </u>
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?				. [5		X
If "Yes," attach the statement required by General Instruction T.				- 1	3.7		3
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied ent	her:			- 1	در را ام	4	E. S.
 By language in the governing instrument, or 				- 1		1949	\$ 15 C
 By state legislation that effectively amends the governing instrument so that no mandatory 	directions that	conflict with the stat	e law		بد م امتعدید		
remain in the governing instrument?					6	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," com	plete Part II, d	ol. (c), and Part X	V	[7	X	
				Í		٠,٠	
8a Enter the states to which the foundation reports or with which it is registered (see instruction	is) ►						, ,
IA							
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Att	torney General (or designate)			,	_,]. !
of each state as required by General Instruction G? If "No," attach explanation	·	-			8b	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of sec	tion 4942(j)(3)	or 4942(j)(5) for cal	endar				
year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes," co	omplete Part >	av			9	X	
10 Did any persons become substantial contributors during the tax year? if "Yes," attach a schedule	e listing their name	s and addresses			10	X	

had not been removed from jeopardy before the first day of the tax year beginning in 2013?

MASHAL HUSAIN - 666 GRAND AVE, DIRECTOR OF DEVELOPMENT & FINANCE 40.00 0. 1700, DES MOINES, IA 50309 108,000 1,388 DIRECTOR OF GLOBAL EDUCATION PROG LISA FLEMING - 666 GRAND AVE, SUITE 1700, 1,899 DES MOINES, IA 50309 40.00 63,300 0. MEGAN FORGRAVE - 666 GRAND AVE, DIRECTOR OF COMMUNICATION SERVICES 0. SUITE 1700, DES MOINES, IA 50309 40.00 56,605 1,560. DIRECTOR BIAN LI - 666 GRAND AVE, SUITE 1700 OF PLANNING DES MOINES, IA 50309 40.00 56,090 1,546 0. KEEGAN KAUTZKY - 666 GRAND AVE DIRECTOR OF PROGRAM DEV 54,530. 1,636. 0. SUITE 1700, DES MOINES, IA 50309 40.00 0 Total number of other employees paid over \$50,000

Form **990-PF** (2013)

	<u>-1356'</u>	715 ı	Page 7
Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)			
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."			
(a) Name and address of each person paid more than \$50,000 (b) Type of service		(c) Compe	sation
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		Expenses	
number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.			
1 THE WORLD FOOD PRIZE - THE SELECTION PROCESS TO DETERMINE THE RECIPIENT OF THE PRIZE INCLUDING MEETINGS, CONVENTIONS,	4		
AND PROMOTIONAL ACTIVITIES.	- 3	,438,5	552
2	 	, = 30 , 3	32.
	-		
	7		
3			
	\exists		
	+		
4	4		
	\dashv		
Part X B Summary of Program-Related Investments			
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.	-	<u> </u>	
3			
Total. Add lines 1 through 3	<u> </u>		0.

Form 990-PF (2013)

₹,,	Minimum Investment Return (All domestic foundations must complete this part. Foreign for	undations,	see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:	建造	<u></u>
a	Average monthly fair market value of securities	1a	16,622,870.
b	Average of monthly cash balances	1b	16,622,870.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	16,762,099.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	16,762,099.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	251,431.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	16,510,668.
6	Minimum investment return, Enter 5% of line 5	6	825,533.
P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations a foreign organizations check here X and do not complete this part.)	ınd certain	
1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2013 from Part VI, line 5	15 Jr 15 Jr	
b	Income tax for 2013. (This does not include the tax from Part VI.) 2b		
C	Add lines 2a and 2b	2¢	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
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	
<u> </u>	Qualifying Distributions (see instructions)	122 %	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	1	2 420 552
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	3,438,552.
þ	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:	The state of	
	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	2 122 550
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	3,438,552.
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	5	9,453.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	3,429,099.
•	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years.		

Form **990-PF** (2013)

Part XIII Undistributed Income (s	see instructions)	N/A		
	(a) Corpus	(b) Years prior to 2012	(c) 2012	(d) 2013
1 Distributable amount for 2013 from Part XI,	<u></u>			
line 7			-	
2 Undistributed income, if any, as of the end of 2013	- रहन्त्रीको हुन्देशक ्			
a Enter amount for 2012 only		· 原於 1 2 2 2 3 3 4 5 4		· 是一次"工艺"
b Total for prior years:				
3 Excess distributions carryover, if any, to 2013:			SE SEE YET TO WEST	學習為,可以經過經濟
a From 2008			建设等工作,然后还	是因 分记器 产生
b From 2009				
c From 2010	3-48 X 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1-	for and the		
dFrom 2011				
eFrom 2012				· · · · · · · · · · · · · · · · · · ·
f Total of lines 3a through e		新疆 医门门 不知道。		The transfer of the
4 Qualifying distributions for 2013 from	表 a 1,000 19 19 19 19 1	gen and green with		
Part XII, line 4: ►\$				
a Applied to 2012, but not more than line 2a	A STATE OF THE PARTY OF THE PAR	Same of the same		
b Applied to undistributed income of prior	· 高斯巴爾本。等項是		· · · · · · · · · · · · · · · · · · ·	心 无心,或"抗酸"。
years (Election required - see instructions)				は一個など、なる。
c Treated as distributions out of corpus		1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	1 14 1 1 1 1 1 1 1	清清治 伝 以不能处
(Election required - see instructions)		2 2 2 3 4 4 6	The state of the s	
d Applied to 2013 distributable amount			1 2 3 3 3	
e Remaining amount distributed out of corpus		The state of the s	याण्य जनगास्य जिल्लाहरू	र्वे के प्रस्कृत हैं कि स्टू
5 Excess distributions carryover applied to 2013 (If an amount appears in column (d), the same amount		أسير بعور بالكثر والبروان والكراء	EN AFTER WITH	
must be shown in column (a))			() · · · · · · · · · · · · · · · · · · ·	2007年の
6 Enter the net total of each column as indicated below;		The second secon		المراجع المراجع المراجع المراجع
a Corpus Add lines 3f, 4c, and 4e Subtract line 5			自己的自己的自己的自己的自己的自己的自己的自己的自己的自己的自己的自己的自己的自	
b Prior years' undistributed income. Subtract	[1] (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		一种 一种	"我"。这一种是一种"是"。
line 4b from line 2b	ि की प्राधीती के 1 त दाँ की कार्या अवर्थात		(1) 出名表写成了	Little State of the first of the first of the state of th
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				
dSubtract line 6c from line 6b. Taxable				
amount - see instructions	William To Carlo			
e Undistributed income for 2012. Subtract line				
4a from line 2a. Taxable amount - see instr.		ACAM STORES		1997年 日本
f Undistributed income for 2013. Subtract			STATE OF THE STATE	
lines 4d and 5 from line 1. This amount must				
be distributed in 2014		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
7 Amounts treated as distributions out of		- ,		
corpus to satisfy requirements imposed by		-		;
section 170(b)(1)(F) or 4942(g)(3)				*
8 Excess distributions carryover from 2008				, '
not applied on line 5 or line 7				,
9 Excess distributions carryover to 2014.				
Subtract lines 7 and 8 from line 6a				, ,
10 Analysis of line 9:		,] .
a Excess from 2009				
b Excess from 2010		,		,
c Excess from 2011				•
d Excess from 2012				
e Excess from 2013 .	l	I	I	

	OOD PRIZE P			42-13	JO / I J raye it				
PartiXIV: Private Operating F	oundations (see ins	structions and Part VII-	A, question 9)						
1 a If the foundation has received a ruling of	r determination letter that	it is a private operating							
foundation, and the ruling is effective for 2013, enter the date of the ruling									
b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)									
2 a Enter the lesser of the adjusted net	Tax year	- "	Prior 3 years						
income from Part I or the minimum	(a) 2013	(b) 2012	(c) 2011	(d) 2010	(e) Total				
investment return from Part X for									
each year listed	825,533.		568,616.	352,432.	2,590,930.				
b 85% of line 2a	701,703.	717,697.	483,324.	299,567.	2,202,291.				
c Qualifying distributions from Part XII,	2 420 550	0 005 100	0 850 140	0 005 001	11 202 202				
line 4 for each year listed	3,438,552.	2,905,198.	2,753,142.	2,297,091.	11,393,983.				
d Amounts included in line 2c not									
used directly for active conduct of			•						
exempt activities	0.	0.	0.	0.	0.				
e Qualifying distributions made directly									
for active conduct of exempt activities.	2 420 552	2 005 100	0.750.140	2 207 201	11 202 002				
Subtract line 2d from line 2c 3 Complete 3a, b, or c for the	3,438,552.	2,905,198.	2,753,142.	2,297,091.	11,393,983.				
alternative test relied upon:				-					
"Assets" alternative test - enter:									
(1) Value of all assets					0.				
(2) Value of assets qualifying					•				
under section 4942(j)(3)(B)(i)					0.				
b "Endowment" alternative test - enter 2/3 of minimum investment return					·				
shown in Part X, line 6 for each year	FF0 3FF	F C 2 0 0 0	F2F 210	714 426	0 262 000				
listed	550,355.	562,899.	535,319.	714,436.	2,363,009.				
c "Support" alternative test - enter:									
(1) Total support other than gross investment income (interest,									
dividends, rents, payments on									
securities loans (section					^				
512(a)(5)), or royalties)					0.				
(2) Support from general public and 5 or more exempt									
organizations as provided in					0.				
section 4942(j)(3)(B)(iii)					<u> </u>				
(3) Largest amount of support from an exempt organization					0.				
(4) Gross investment income					0.				
Rart XV. Supplementary Info	rmation (Comple	te this part only i	f the foundation	had \$5,000 or me					
at any time during t			ii die iodridadon	1184 40,000 01 111	ne m assets				
1 Information Regarding Foundatio				<u> </u>					
a List any managers of the foundation who		than 2% of the total contr	ibutions received by the f	foundation before the clos	e of amy tay				
year (but only if they have contributed m			ibadons received by the i	oundation before the Go.	oc or any wax				
NONE	, ,								
b List any managers of the foundation who	o own 10% or more of the	e stock of a corporation (or an equally large portion	n of the ownership of a o	ertnership or				
other entity) of which the foundation has			or an equally large period	in or allo officions in property	a thoromp or				
NONE									
2 Information Regarding Contributi	on, Grant, Gift, Loan,	Scholarship etc. Pro	ngrams.						
Check here ► X If the foundation o				ot accept unsolicited requ	ests for funds. If				
the foundation makes gifts, grants, etc. ((see instructions) to indiv	iduals or organizations ui	nder other conditions, co	mplete items 2a, b, c, and	d.				
a The name, address, and telephone numb	· · · · · ·								
				-					
b The form in which applications should b	e submitted and informat	tion and materials they sh	ould include:						
•									
c Any submission deadlines:		-							
	<u></u>								
d Any restrictions or limitations on awards	s, such as by geographica	al areas, charitable fields,	kınds of institutions, or o	ther factors:					

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Foundation Purpose of grant or Amount status of contribution Name and address (home or business) recipient a Paid during the year MARC VAN MONTAGU NONE N/A AGRICULTURAL RESEARCH K.L. LEDEGANCKSRATT 35 PROGRAMS GHENT B-9000, BELGIUM 83,333. MARY-DELL CHILTON NONE N/A AGRICULTURAL RESEARCH 3054 E CORNWALLIS RD, PO BOX 12257 PROGRAMS RESEARCH TRIANGLE PARK, NC 27709 83,333. ROBERT T. FRALEY NONE AGRICULTURAL RESEARCH N/A 700 CHESTERFIELD PARKWAY PROGRAMS ST LOUIS, MO 63198 83,334. **▶** 3a 250,000. Total b Approved for future payment NONE Total Form **990-PF** (2013)

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated business income			uded by section 512, 513, or 514	(e)	
•	(a) Business	(b)	(C) Exclu-	(d)	Related or exempt	
1 Program service revenue;	code	Amount	sion	Amount	function income	
2			†			
b	-		 -			
			 			
	<u> </u>		 			
0			╁		-	
•			 			
g Fees and contracts from government agencies			 	· · · · · · · · · · · · · · · · · · ·	 -	
2 Membership dues and assessments	ļ					
3 Interest on savings and temporary cash	<u> </u>	<u> </u>	├			
	1					
unvestments 4 Dividends and interest from securities			14	610,002.		
	an the fact the state	TO MORE A CONTRACT A LEGISLA			THE CASE STATE STATE STATE OF THE ASSESSMENT	
5 Net rental income or (loss) from real estate:	學學學學	一次の正常をは他の上が作な	Carried Sec	经验证据证据的	Steer Struth Line of the Back of the	
a Debt-financed property	ļ		1	256 000		
b Not debt-financed property	<u> </u>		16	256,990.		
6 Net rental income or (loss) from personal	•					
property						
7 Other investment income						
8 Gain or (loss) from sales of assets other						
than inventory .			19	78,334.		
9 Net income or (loss) from special events		·-			360,893.	
10 Gross profit or (loss) from sales of inventory						
11 Other revenue:						
a INSURANCE PROCEEDS					10,830.	
b						
c						
d						
e		<u></u>	L			
12 Subtotal. Add columns (b), (d), and (e)		0.	77	945,326.	371,723.	
13 Total. Add line 12, columns (b), (d), and (e)				13	1,317,049.	
(See worksheet in line 13 instructions to verify calculations.)						
Part XVI-B Relationship of Activities to	the Acc	omplishment of Ex	emp	t Purposes		
Line No. Explain below how each activity for which incom	ne is reported i	in column (e) of Part XVI-A	contril	outed importantly to the accon	plishment of	
the foundation's exempt purposes (other than t						
9 SYMPOSIUM TO EDUCATE AN	ID CREA	TE AWARENESS				
		·		<u> </u>		
						
323621 10-10-13					Form 990-PF (2013)	

Firm's address ▶ 666 WALNUT STREET, SUITE 1450

DES MOINES, IA 50309-9604

		FOOD PKI	LUUT FUUL	IDVITON		<u> </u>	1336/13	Pa	ge 13
<u>P</u> art	Information R Exempt Organ		sfers To a	nd Transactions a	ınd Relations	ships With Nor	ncharitabl	е	*
1 Dic	the organization directly or indi	rectly engage in any	of the following	with any other organizatio	n described in sec	tion 501(c) of	14.0	Yes	No
the Code (other than section 501(c)(3) organizations) or ın section 527, relating to political organizations?									
a Transfers from the reporting foundation to a noncharitable exempt organization of:									
• •	Cash .						1a(1)	<u> </u>	X
• •	Other assets						1a(2)	3.5(6)	X
	ner transactions:						agengent Calculation	13.18. 13.18.	# 7.44. # 7.44. # 7.44.
	Sales of assets to a noncharita						1b(1)		X
	Purchases of assets from a no	· <u>··</u> ·	organization	•			1b(2)	\sqcup	X
• •	Rental of facilities, equipment,			•	•		1b(3)		X
• •	Reimbursement arrangements						1b(4)	-	X
	Loans or loan guarantees				•		1b(5)	 	X
	Performance of services or mo		-				1b(6)	 	X
	aring of facilities, equipment, ma he answer to any of the above is						. 1c		
	services given by the reporting f							×613,	
	umn (d) the value of the goods,			1 1035 tilali idii markot vala	c in any dansacdo	ir or sharing arranger	nong show in		
(a)Line r				exempt organization	(d) Description	n of transfers, transaction	ns, and sharing ar	rangeme	nts
		 	N/A				•		
									
		· · · · · · · · · · · · · · · · · · ·							
				•					
		<u> </u>							
				<u></u>					
		<u> </u>			1				
	the foundation directly or indirec	•		· -	zations described		П.,	T	٦.,
	section 501(c) of the Code (othe)(3)) or in section	in 52/?			Yes	LA] No
D H	Yes,* complete the following sch (a) Name of or			(b) Type of organization		(c) Description of re	ationshin		
	N/A	gamzadon		(b) Type of organization		(e) Description of te			
	M/H								
			-						
	Under penalties of perjury, I declare						May the IRS	discuss	hie
Sign	and belief, it is true, correct, and co	•	eparer (other than		nation of which prepare	er has any knowledge	return with the	е ргераг	er
Here	Sun Ble			9-4-14	Tra	swin	Yes] No
	Signature of officer or truster			Date	Trtle				
	Print/Type preparer's n	ame	Preparer's sig	nature	Date	Check if	PTIN		
	1	Λ (ايروانه بالمرا	self- employed			
Paid	Jey A	bordeson	5		8/25/14		P00223	704	
Prep	arer Firm's name ► ROT	H & COMPA	MY, P.C			Firm's EIN			

Form **990-PF** (2013)

Phone no. (515) 244-0266

Use Only

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. ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www irs gov/form990 ·

OMB No 1545-0047

Name of the organization

Employer identification number

<u> </u>	WORLD FOOD PRIZE FOUNDATION	42-1356715						
Organization type (chec	k one)							
Filers of:	Section:							
Form 990 or 990-EZ								
	4947(a)(1) nonexempt charitable trust not treated as a private foundation							
	527 political organization							
Form 990-PF	X 501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private foundation							
	501(c)(3) taxable private foundation							
• •	on is covered by the General Rule or a Special Rule . 1 (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special	Rule. See instructions.						
General Rule								
	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in mplete Parts I and II.	n money or property) from any one						
Special Rules								
509(a)(1) and 1	01(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the 70(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.							
total contribute	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, chantable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.							
contributions fo If this box is ch purpose. Do no	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							
but it must answer "No"	on that is not covered by the General Rule and/or the Special Rules does not file Schedu on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its neet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).							

LHA 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) (2013)

Employer identification number

WORLD FOOD PRIZE FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	AARP FOUNDATION 601 E ST NW WASHINGTON, DC 20049	\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	ADM 4666 FARIES PARKWAY DECATUR, IL 62526	s25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	AGRICREDIT ACCEPTANCE PO BOX 2000 JOHNSTON, IA 50131	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	AMERICAN SOYBEAN ASSOC 12125 WOODCREST EXECUTIVE DRIVE, SUITE 100 ST. LOUIS, MO 63141	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	BRAVO - GREATER DMF 1915 GRAND AVENUE DES MOINES, IA 50309	\$	Person X Payroll Noncash (Complete Part If for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	CARGILL INCORPORATED 15407 MCGINTY RD WAYZATA, MN 55391	\$ 10,000.	Person X Payroll
323452 10-2	4-13	ocueanie R (Folm	350, 350-EZ, 01 330-PF) (2013)

Employer identification number

U.I AUM	FOOD	PRTZE	FOUNDATION
MOLLID	I OOD	ENTOR	LOONDYITON

	1002 11122 1001121112011		
Part I	Contributors (see instructions) Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	BAYER CROP SCIENCE ALFRED NOBEL STRASSE 50, 40789 MONHEIM AM RHEIN GERMANY	\$ <u>24,979.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	PO BOX 855 DES MOINES, IA 50306	\$9,600.	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	DAIRY MANAGEMENT INC 10255 WEST HIGGINS ROAD #900 ROSEMONT, IL 60018	\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	ALLIANT ENERGY 200 1ST STREET SE CEDAR RAPIDS, IA 52401	\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	ARTHUR NEIS 1575 NW 106TH ST CLIVE, IA 50325	\$8,000 <u>.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	BRIDGESTONE AMERICAS TRUST FUND 4600 NW 2ND AVENUE DES MOINES, IA 50313	\$\$25,000.	Person X Payroll
323452 10-2	4-13	Schedule B (Form	990, 990-EZ, or 990-PF) (2013)

Schedule B (Form 990, 990-EZ, or 990-PF) (2013) Name of organization Employer identification number WORLD FOOD PRIZE FOUNDATION 42-1356715 Part Is Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 13 FMC CORPORATION Person Payroll 1101 PENNSYLVANIA AVE., #325 25,000. Noncash (Complete Part II for WASHINGTON, DC 20004 noncash contributions.) (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 14 BUFFET FOUNDATION Person Payroll 145 N MERCHANT STREET 790,167. Noncash (Complete Part II for DECATUR, IL 62523 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 15 CITY OF DES MOINES XPerson Payroll 400 ROBERT D RAY DR 50,000. Noncash (Complete Part II for DES MOINES, IA 50309 noncash contributions.) (a) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 16 DAVID & ELIZABETH HOAK \mathbf{X} Person Payroll 2860 DRUID HILL DR 12,500. Noncash (Complete Part II for DES MOINES, IA 50315 noncash contributions.) (a) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 17 DENNY ELWELL COMPANY X Person Payroll PO BOX 187 5,000. Noncash (Complete Part II for ANKENY, IA 50021 noncash contributions) (a) (b) (c) (d)

Name, address, and ZIP + 4

IOWA CORN GROWERS ASSOC

5505 NW 88TH STREET #100

JOHNSTON, IA 50131-2948

Person Payroll

Noncash (Complete Part II for

noncash contributions)

Type of contribution

Total contributions

25,000.

No.

18

Employer identification number

WORLD FOOD PRIZE FOUNDATION

Pärt I	Contributors (see instructions) Use duplicate copies of Part I if additional space is needed			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
19	IOWA PORK PRODUCERS 1636 NW 114TH STREET CLIVE, IA 50325	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
20	JOHN DEERE FOUNDATION		Person X	
	ONE JOHN DEERE PLACE MOLINE, IL 612658098	\$100,000.	Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
21	JOHN RUAN III 666 GRAND AVENUE DES MOINES, IA 50309	\$11,179.	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
22	LAND O LAKES, INC PO BOX 64101 ST PAUL, MN 55164	\$80,000.	Person X Payroli	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
23	J. LANDIS MARTIN 150 VINE STREET DENVER, CO 80206	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
24	MID AMERICAN ENERGY		Person X	
	666 GRAND AVENUE	\$10,110.	Payroll	
323452 10-2	DES MOINES, IA 50309	Schedule B (Form	(Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2013)	

Employer identification number

WORTID	FOOD	PRIZE	FOIN	DATION

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	MONSANTO CO 800 N LINDBERGH ST LOUIS, MO 63167	\$ <u>65,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26	NOVUS INTERNATIONAL		Person X
	20 RESEARCH PARK DRIVE	\$30,000.	Payroll
	SAINT CHARLES, MO 63304		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27	OWEN NEWLIN 3524 GRAND AVE #401 DES MOINES, IA 50312	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28	DON BLUMENTHAL 951 S 35TH ST WEST DES MOINES, IA 50265	\$ 25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29	PIONEER INTL HYBRID 5700 MERLE HAY ROAD, PO BOX 454 JOHNSTON, IA 50131-0454	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30	PRINCIPAL LIFE INSURANCE CO		Person X Payroll
	801 GRAND AVE	\$15,000.	Noncash (Complete Part II for
323452 10-2	DES MOINES, IA 50309	Schedule B (Form	noncash contributions) 990, 990-EZ, or 990-PF) (2013)

Employer identification number

WORLD	FOOD	PRIZE	FOUNDATION

12_1356715

MOVID	FOOD FRIZE FOUNDATION	44	-1336/13
Part I	Contributors (see instructions) Use duplicate copies of Part I if additional	l space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	ELI LILLY AND COMPANY 2500 INNOVATION WAY GREENFIELD, IN 46140	\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZtP + 4	(c) Total contributions	(d) Type of contribution
32	RUAN CENTER CORPORATION		Person
	PO BOX 855 DES MOINES, IA 50306	\$116,271.	Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33	EUROFINS SCIENTIFIC INC 2200 RITTENHOUSE, #175 DES MOINES, IA 50321	\$ <u>10,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34	RUAN TRANSPORT CORPORATION PO BOX 855 DES MOINES, IA 50306	s109,648.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35	SMITH BUCKLIN CORPORATION 401 N MICHIGAN AVE # 2200 CHICAGO, IL 60611	\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36	200 EAST GRAND AVENUE	\$ <u>5,100,000</u> .	Person X Payroll Noncash (Complete Part II for
323452 10-24	DES MOINES, IA 50309	Schedule B (Form	noncash contributions.) 990, 990-EZ, or 990-PF) (2013)

Employer identification number

WORLD	FOOD	PRIZE	FOUNDATIO	N

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	FUTURES GLOBAL GROUP ONE THOMAS CIRCLE NW, #200 WASHINGTON, DC 20005	\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38	HARRISVACCINES INC 1102 SOUTHERN HILLS DR., #101 AMES, IA 50010	s5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39	SUKUP MANUFACTURING CO PO BOX 677 SHEFFIELD, IA 50475	\$30,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
40	SYNGENTA AMERICA CORP 7500 OLSON MEMORIAL HIGHWAY GOLDEN VALLEY, MN 55427	\$ 49,979.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
41	THOMAS SHAEFER 7012 SE HARBOR CIRCLE STUART, FL 34996	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
42	US DEPARTMENT OF AGRICULTURE PO BOX 60000 NEW ORLEANS, LA 70160	\$60,000.	Person X Payroll
323452 10-2	4-13	Schedule B (Form	990, 990-EZ, or 990-PF) (2013)

Employer identification number

. WORLD FOOD PRIZE FOUNDATION

MOVID	FOOD PRIZE FOUNDATION		4-1330/13
Part I	Contributors (see instructions) Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	WALLACE GENETICS FOUNDATION 4910 MASSACHUSETTS AVE NW WASHINGTON, DC 20016	\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44	WAL-MART STORES INC		Person X
	702 SW 8TH ST BENTONVILLE, AR 72716	s20,000.	Payrofl Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
45	PAUL SCHNICKLER 5410 WOODLAND AVENUE DES MOINES, IA 50312	\$ 20,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
46	JOHN RUAN FOUNDATION TRUST 3200 RUAN CENTER DES MOINES, IA 50309	s25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
47	HNI CHARITABLE FOUNDATION 408 E 2ND ST MUSCATINE, IA 52761	\$10,000 .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
48	HYVEE INC 5820 WESTOWN PARKWAY WEST DES MOINES IN 50366	\$15,000.	Person X Payroll
323452 10-24	WEST DES MOINES, IA 50266	Schedule B (Forn	n 990, 990-EZ, or 990-PF) (2013)

Employer identification number

WORLD FOOD PRIZE FOUNDATION

			
Part I	Contributors (see instructions) Use duplicate copies of Part I if additional	al space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	INSTITUTE OF MUSEUM AND LIBRARY SERVICES 1800 M STREET, NW WASHINGTON, DC 20036	\$ <u>156,187.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
50	IOWA SOYBEAN ASSOCIATION 1255 PRAIRIE TRAIL PKWY ANKENY, IA 50023	\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
51	J LANDIS & SHARON MARTIN 150 VINE STREET DENVER, CO 80206	\$5,000.	Person X Payroll Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
52	LUCHI PHAN NGUYEN 3771 PENDERWOOD DR FAIRFAX, VA 22033	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
53	MATHILE INSTITUTE 6450 POE AVE, #201 DAYTON, OH 45414	\$115,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
54	MERCHANT INVESTMENTS 1165 25TH ST DES MOINES, IA 50311	\$5,000.	Person X Payroll
		Schedule R /Form	990 990-F7 or 990-PF\ (2013)

Employer identification number

WORLD FOOD PRIZE FOUNDATION

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	MOSAIC 3033 CAMPUS DR, SUITE E490 PLYMOUTH, MN 55441	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
56	NATIONWIDE MUTUAL INSURANCE 1100 LOCUST D1-2E-0610 DES MOINES, IA 50391	\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
57	NELSON FOUNDATION 4105 TIMBERWOOD DR WEST DES MOINES, IA 50265	\$50,000.	Person X Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
58	NESTLE AVENUE NESTLE 55, 1800 VEVEY SWITZERLAND	s	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
59	PEPSICO INC 700 ANDERSON HILL RD PURCHASE, NY 10577	\$ 50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
60	PRAIRIE MEADOWS 1 PRAIRIE MEADOWS DR	\$5,000.	Person X Payroll
323452 10-2	ALTOONA, IA 50009	Schedule B (Form	990, 990-EZ, or 990-PF) (2013)

Employer identification number

MOKID	FOOD INTER FOUNDATION		-1330713
Part I	Contributors (see instructions) Use duplicate copies of Part I	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61	RHOLEN FOUNDATION 3834 WEST BERTEAU AVE CHICAGO, IL 60618	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
62	JAY SEHGAL 100 COURT AVE, #211 DES MOINES, IA 50309	s25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
63	WEST CENTRAL 406 1ST ST, PO BOX 128 RALSTON, IA 51459	<u>30,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
64	WALDINGER CORPORATION 2601 BELL AVE DES MOINES, IA 50321	\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
323452 10-2		\$Schedule B (Form	Person Payroll Noncash (Complete Part II for noncash contributions) 990, 990-EZ, or 990-PF) (2013)

Employer identification number

WORLD FOOD PRIZE FOUNDATION

ORLD	FOOD PRIZE FOUNDATION		-1356715
art II	Noncash Property (see instructions) Use duplicate copies of Part II if	additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
8	VEHICLE LEASE		
		\$9,600.	VARIOUS
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
32	REAL ESTATE RENTAL, PERSONAL PROPERTY USE, AND PHONE		
		\$116,271.	VARIOUS
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
64	CONSTRUCTION SERVICES		
		\$	VARIOUS
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3453 10-2		\$Schedule B (Form	990, 990-EZ, or 990-PF) (2)

Name of orga	nization		Employer identification number
WORLD I	FOOD PRIZE FOUNDATION		42-1356715
Partill	Exclusively religious, charitable, etc., indiv year. Complete columns (a) through (e) and the the total of exclusively religious, charitable, etc Use duplicate copies of Part III if additional	idual contributions to section 501(he following line entry. For organizat he, contributions of \$1,000 or less fo al space is needed.	1(c)(7), (8), or (10) organizations that total more than \$1,000 for the ations completing Part III, enter for the year. (Enter this information once)
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gi	
-	Transferee's name, address, ar	-	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I -	(,,		(c) 2500 i paoi o nov givio neid
		(e) Transfer of gi	gift
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gi	gift
- -	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gi	gift
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
-			

								
FORM 990-PF	DIVIDENDS	AND INT	EREST	FROM SEC	JRITIES .	SI	PATEMENT	1
SOURCE	GROSS AMOUNT	CAPIT GAIN DIVIDE	S	(A) REVENUE PER BOOKS	(B) NET INVE MENT INC			
DIVIDENDS	593,907.		0.	593,90				
INTEREST	16,095.		0. ————————————————————————————————————	16,09	5. 16,0 — —	95.	16,09	,5.
TO PART I, LINE 4	610,002.		0.	610,002	2. 610,0	02.	610,00	2.
FORM 990-PF		RENTAL	INCOM			នា	PATEMENT	2
KIND AND LOCATION O	F PROPERTY		•		ACTIVITY NUMBER		GROSS ENTAL INCO	ME
REAL PROPERTY - DES	MOINES, IA				1		256,99	0.
TOTAL TO FORM 990-P	F, PART I,	LINE 5A					256,99	0.
FORM 990-PF		OTHER	INCO	ME		SI	PATEMENT	3
DESCRIPTION			RE	(A) VENUE BOOKS	(B) NET INVEST MENT INCOM		(C) ADJUSTED NET INCOM	
INSURANCE PROCEEDS	DDGT11	•		10,830.		0.	10,83	30.
GROSS INCOME FROM S FUNDRAISING EVENTS	PECIAL			360,893.		0.	360,89	3.
TOTAL TO FORM 990-P	F, PART I,	LINE 11		371,723.		0.	371,72	23.
FORM 990-PF		LEG	AL FE	ES		SI	FATEMENT	4
DESCRIPTION		(A) EXPENSES PER BOOK		(B) T INVEST- NT INCOME	(C) ADJUSTE NET INCO		(D) CHARITAE PURPOSE	
LEGAL FEES		294,78	9.	0		0.	294,78	39.

FORM 990-PF	ACCOUNTI	NG FEES	ST	STATEMENT 5			
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES			
AUDIT FEES	30,300.	0.	0.	30,300.			
TO FORM 990-PF, PG 1, LN 16B	30,300.	0.	0.	30,300.			
FORM 990-PF C	THER PROFES	SIONAL FEES	ST	CATEMENT 6			
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES			
OTHER PROFESSIONAL FEES	14,302.	0.	0.	14,302.			
TO FORM 990-PF, PG 1, LN 16C	14,302.	0.	0.	14,302.			
FORM 990-PF	OTHER E	XPENSES	ST	PATEMENT 7			
DESCRIPTION OFFICE EXPENSE SPECIAL EVENTS HALL OF LAUREATES INTERNSHIP/YOUTH EXPENSES SYMPOSIUM	(A) EXPENSES PER BOOKS 267,420. 190,351. 369,727. 128,215. 575,861.	(B) NET INVEST- MENT INCOME 0. 0. 0.	(C) ADJUSTED NET INCOME 0. 0. 0. 0.	(D) CHARITABLE PURPOSES 267,420. 190,351. 369,727. 128,215. 575,861.			
SECURITY TO FORM 990-PF, PG 1, LN 23	1,572,074.	0.	0.	1,572,074.			

FORM 990-PF C	ORPORATE STOCK	STATEMENT 8	
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
CORPORATE STOCK		17,672,618.	17,672,618.
TOTAL TO FORM 990-PF, PART II, LI	NE 10B 17,672,6		17,672,618.
FORM 990-PF	OTHER ASSETS		STATEMENT 9
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
WORK IN PROCESS LIBRARY	17,348. 500.	8,447.	8,447.
TO FORM 990-PF, PART II, LINE 15	17,848.	8,447.	8,447.

FORM 990-PF PART VIII - LIST TRUSTEES AND			STATI	EMENT 10
NAME AND ADDRESS		D COMPEN- WK SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE
JOHN RUAN III 3200 RUAN CENTER DES MOINES, IA 50309	CHAIRMAN 0.00	0.	0.	0.
KENNETH QUINN 3200 RUAN CENTER DES MOINES, IA 50309	PRESIDENT 45.00	259,335.	5,950.	2,750.
JOHN RUAN IV 3200 RUAN CENTER DES MOINES, IA 50309	SECRETARY 5.00	0.	0.	0.
JANET L. GILLUM 3200 RUAN CENTER DES MOINES, IA 50309	ASSISTANT 5.00	SECRETARY 0.	0.	0.
TRACEY BALL 3200 RUAN CENTER DES MOINES, IA 50309	TREASURER 5.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6,	PART VIII	259,335.	5,950.	2,750.

Form **8868** (Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 •

OMB No. 1545-1709

If you	are filing for an Automatic 3-Month Extension, comple	te only Pa	irt I and check this box			
If you	are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of	this form)		
Do not d	complete Part II unless you have already been granted	an automa	itic 3-month extension on a previous	ly filed Fo	rm 8868	
Electro	nic filing (e-file). You can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of tin	ne to file (6	months for a	corporation
required	to file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically fi	le Form 8	368 to request	an extension
of time t	to file any of the forms listed in Part I or Part II with the ex-	ception of	Form 8870, Information Return for	Transfers /	Associated Wil	h Certain
	al Benefit Contracts, which must be sent to the IRS in pap					
	w.irs gov/efile and click on e-file for Charities & Nonprofits		,		Ū	·
Part	Automatic 3-Month Extension of Time	Only s	submit original (no copies nee	eded).		
A corpo	ration required to file Form 990-T and requesting an autor	natic 6-mo	onth extension - check this box and	complete	<u> </u>	
Part I or	nly			·		
All other	r corporations (including 1120-C filers), partnerships, REM	ICs, and t	rusts must use Form 7004 to reques	t an exten	sion of time	• •
to file ın	come tax returns.			Enter file	er's identifying	number
Type or	Name of exempt organization or other filer, see instru	ctions		Employer	identification	number (EIN) or
print						
	WORLD FOOD PRIZE FOUNDATION	V			42-135	6715
File by the due date fo		ee instruc	tions.	Social se	cunty number	(SSN)
filing your return See		N CEN'	rer		•	
nstruction	I.	oreign add	lress, see instructions			
	DES MOINES, IA 50309	_				
Enter th	e Return code for the return that this application is for (file	e a separa	te application for each return)			0 4
Applica	tion	Return	Application			Return
ls For		Code	Is For			Code
Form 99	90 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 99	90-BL	02	Form 1041-A	-		08
Form 47	720 (ındıvıdual)	03	Form 4720 (other than individual)			09
Form 99	90-PF	04	Form 5227			10
Form 99	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 99	90-T (trust other than above)	06	Form 8870		_	12
	TRACEY BALL -	666 GI	RAND AVENUE, 1700	RUAN	CENTER	- DES
	books are in the care of MOINES, IA 503	09				
Telep	ohone No. ► 515-245-2552		Fax No. ► 515-245-26	75		
 If the 	e organization does not have an office or place of business	s in the Ur	nited States, check this box			▶ □
If this	s is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN) , I	f this is fo	r the whole gro	oup, check this
box ►	. If it is for part of the group, check this box	and atta	ich a list with the names and EINs o	f all memb	ers the extens	ion is for
1 1	request an automatic 3-month (6 months for a corporation	required	to file Form 990-T) extension of time	until		-
	AUGUST 15, 2014 , to file the exemp	t organiza	tion return for the organization name	ed above.	The extension	
	for the organization's return for					
>	LX calendar year 2013 or					
•	tax year beginning	, an	d ending			
2 If	the tax year entered in line 1 is for less than 12 months, o	heck reas	on: Initial return	Fınal retur	n	
	Change in accounting period					
3a If	this application is for Forms 990-BL, 990-PF, 990-T, 4720	or 6069,	enter the tentative tax, less any			
ne	onrefundable credits. See instructions.			3a	\$	9,037.
b If	this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter an	y refundable credits and			- · · · · - · · · · · · · · · · · · · ·
e	stimated tax payments made. Include any prior year overp	payment a	llowed as a credit	3b	\$	9,037.
c B	alance due. Subtract line 3b from line 3a. Include your pa	yment wit	th this form, if required,			
	y using EFTPS (Electronic Federal Tax Payment System).			3с	\$	0.
Caution	n. If you are going to make an electronic funds withdrawal	(direct de	bit) with this Form 8868, see Form 8	453-EO ar	nd Form 8879-	EO for payment

Form 88	68 (Rev. 1-2014)					Page 2	
• If you	are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II and check this	box	>	X	
•	nly complete Part II if you have already been granted an a				8868.		
•	are filing for an Automatic 3-Month Extension, comple						
Part I	Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	al (no co	pies needed).		
	<u> </u>				g number, see in:	structions	
Type or							
print	Traine of onempt organization of other mor, ood mone	0010		Linployo			
File by the	WORLD FOOD PRIZE FOUNDATION			42-13567	15		
due date fo		Social se	Social security number (SSN)				
filing your	ISSE COAND AVENUE 1700 DUAN		Social security number (SSN)				
return See instructions							
	DES MOINES, IA 50309	neigh add	ress, see instructions.				
	<u> </u>						
5 AL	- D-A I. f Ab Ab Ab (51)		A			0 4	
Enter the	e Return code for the return that this application is for (file	a separa	te application for each return)	•		6 4	
<u> </u>		D-1	A 5: A:			15	
Applica	uon	Return	Application			Return	
Is For		Code	Is For	£ -517 +B	- 41 ta Saide in	Code	
	0 or Form 990-EZ	01	静沙维 新印度学的对外	((3: 1)	- 88 AFRE 32		
Form 99		02	Form 1041-A			08	
	20 (individual)	03	Form 4720 (other than individual)			10	
Form 99		04	Form 5227				
	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069 11				
	0-T (trust other than above)	06	Form 8870			12	
STOP! E	Oo not complete Part II if you were not already granted						
			RAND AVENUE, 1700	RUAN	CENTER - 1	DES	
The b	pooks are in the care of MOINES, IA 503	09					
Telep	phone No. ► 515-245-2552		Fax No. ► 515-245-26	75			
	organization does not have an office or place of busines		•		. •		
If this	is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN) i	f this is fo	r the whole group,	check this	
box 🚩	. If it is for part of the group, check this box		ch a list with the names and EINs of	all memb	ers the extension i	s for	
4 lr	equest an additional 3-month extension of time until	NOVEM	BER 15, 2014				
5 Fo	or calendar year 2013 , or other tax year beginning $_$, and endin	g			
6 lf	the tax year entered in line 5 is for less than 12 months, o	heck reas	on: Initial return	Final r	etum		
L	Change in accounting period						
	ate in detail why you need the extension						
_	DDITIONAL TIME IS NEEDED TO	COMPI	LE INFORMATION IN	ORDER	TO FILE	A	
<u>C</u>	OMPLETE AND ACCURATE RETURN.						
8a If	this application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069,	enter the tentative tax, less any				
no	onrefundable credits. See instructions.			8a	\$	9,037.	
b If	this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter an	y refundable credits and estimated				
	x payments made. Include any prior year overpayment al		•	10 m			
	reviously with Form 8868.		,	8b	\$	9,037.	
_	alance due. Subtract line 8b from line 8a Include your pa	yment wi	th this form, if required, by using	1			
	TPS (Electronic Federal Tax Payment System) See instri	·=		8c	\$	0.	
			st be completed for Part II		<u> </u>		
Under pe	naities of periury. I declare that I have examined this form, includ	ina accomi	•	-	f my knowledge and I	belief.	
ıt ıs true,	correct, and complete, and that I am authorized to prepare this for	orm	, J , and		,	·· -· ,	
Signature	Title 🕨			Data	_		