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Return of Private Foundation

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

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Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

2014

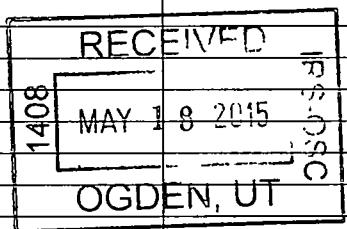
Open to Public Inspection

For calendar year 2014 or tax year beginning

, and ending

Name of foundation THE MERCHANTS BONDING COMPANY FOUNDATION		A Employer identification number 26-3035459
Number and street (or P O box number if mail is not delivered to street address) 2100 FLEUR DRIVE	Room/suite	B Telephone number (515) 243-8171
City or town, state or province, country, and ZIP or foreign postal code DES MOINES, IA 50321		C If exemption application is pending, check here ☐
G Check all that apply: ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☐ Name change		D 1. Foreign organizations, check here ☐ 2. Foreign organizations meeting the 85% test, check here and attach computation ☐
H Check type of organization: ☒ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here ☐
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 482,478. (Part I, column (d) must be on cash basis)	J Accounting method: ☒ Cash ☐ Accrual ☐ Other (specify) _____	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ☐

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))		(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		262,874.			
2 Check ☐ if the foundation is not required to attach Sch B					
3 Interest on savings and temporary cash investments		1,102.	1,102.		STATEMENT 1
4 Dividends and interest from securities					
5a Gross rents					
b Net rental income or (loss)					
6a Net gain or (loss) from sale of assets not on line 10					
b Gross sales price for all assets on line 6a			0.		
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 or (loss)					
11 Other income		120,776.	0.	120,776.	STATEMENT 2
12 Total Add lines 1 through 11		384,752.	1,102.	120,776.	
13 Compensation of officers, directors, trustees, etc		0.	0.	0.	0.
14 Other employee salaries and wages					
15 Pension plans, employee benefits					
16a Legal fees STMT 3		350.	0.	0.	0.
b Accounting fees STMT 4		1,728.	0.	0.	0.
c Other professional fees					
17 Interest					
18 Taxes STMT 5		308.	0.	0.	0.
19 Depreciation and depletion					
20 Occupancy					
21 Travel, conferences, and meetings					
22 Printing and publications					
23 Other expenses STMT 6		78,404.	0.	73,719.	0.
24 Total operating and administrative expenses. Add lines 13 through 23		80,790.	0.	73,719.	0.
25 Contributions, gifts, grants paid		219,555.			219,555.
26 Total expenses and disbursements. Add lines 24 and 25		300,345.	0.	73,719.	219,555.
27 Subtract line 26 from line 12:		84,407.			
a Excess of revenue over expenses and disbursements					
b Net investment income (if negative, enter -0-)			1,102.		
c Adjusted net income (if negative, enter -0-)				47,057.	


 SCANNER MAY 26 2015
 Operating and Administrative Expenses

Part II Balance Sheets

Attached schedules and amounts in the description column should be for end-of-year amounts only

		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	398,071.	482,478.	482,478.
	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			
	7 Other notes and loans receivable ▶			
	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			
	b Investments - corporate stock			
	c Investments - corporate bonds			
	11 Investments - land, buildings, and equipment: basis ▶			
Less: accumulated depreciation ▶				
12 Investments - mortgage loans				
13 Investments - other				
14 Land, buildings, and equipment: basis ▶				
Less: accumulated depreciation ▶				
15 Other assets (describe ▶)				
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	398,071.	482,478.	482,478.	
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe ▶)			
	23 Total liabilities (add lines 17 through 22)	0.	0.	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ ☐			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ ☒			
	27 Capital stock, trust principal, or current funds	398,071.	482,478.	
	28 Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
	29 Retained earnings, accumulated income, endowment, or other funds	0.	0.	
	30 Total net assets or fund balances	398,071.	482,478.	
31 Total liabilities and net assets/fund balances	398,071.	482,478.		

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	398,071.
2 Enter amount from Part I, line 27a	2	84,407.
3 Other increases not included in line 2 (itemize) ▶	3	0.
4 Add lines 1, 2, and 3	4	482,478.
5 Decreases not included in line 2 (itemize) ▶	5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	482,478.

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 shs. MLC Co.)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a			
b NONE			
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (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) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
a			
b			
c			
d			
e			

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7
If (loss), enter -0- in Part I, line 7 }

3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):

If gain, also enter in Part I, line 8, column (c).

If (loss), enter -0- in Part I, line 8

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) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2013			
2012			
2011			
2010			
2009			

2 Total of line 1, column (d)

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

4 Enter the net value of noncharitable-use assets for 2014 from Part X, line 5

5 Multiply line 4 by line 3

6 Enter 1% of net investment income (1% of Part I, line 27b)

7 Add lines 5 and 6

8 Enter qualifying distributions from Part XII, line 4

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)1a Exempt operating foundations described in section 4940(d)(2), check here ☐ and enter "N/A" on line 1.

Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)

b Domestic foundations that meet the section 4940(e) requirements in Part V, check here ☐ and enter 1% of Part I, line 27b

c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).

2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)

3 Add lines 1 and 2

4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)

5 Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-

6 Credits/Payments:

a 2014 estimated tax payments and 2013 overpayment credited to 2014

b Exempt foreign organizations - tax withheld at source

c Tax paid with application for extension of time to file (Form 8868)

d Backup withholding erroneously withheld

7 Total credits and payments. Add lines 6a through 6d

8 Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached

9 Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed

10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid

11 Enter the amount of line 10 to be: Credited to 2015 estimated tax

Refunded

Part VII-A Statements Regarding Activities

1a 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?

Yes No

1a X

b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?

1b X

If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.

c Did the foundation file Form 1120-POL for this year?

1c X

d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:

(1) On the foundation. \$ 0. (2) On foundation managers. \$ 0.

e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ 0.

2 Has the foundation engaged in any activities that have not previously been reported to the IRS?

2 X

If "Yes," attach a detailed description of the activities.

3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes

3 X

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?

4b

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.

6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:

• By language in the governing instrument, or

• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law 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," complete Part II, col. (c), and Part XV

7 X

8a Enter the states to which the foundation reports or with which it is registered (see instructions)

IA

b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation

8b 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 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV

9 X

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses

10 X

Form 990-PF (2014)

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? 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> 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 and enter the amount of tax-exempt interest received or accrued during the year	15	N/A	0.
16	At any time during calendar year 2014, 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? See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1). If "Yes," enter the name of the foreign country ►	16	Yes	No 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
1a	During the year did the foundation (either directly or indirectly):		
(1)	Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☒ No		
(2)	Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☒ No		
(3)	Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☒ No		
(4)	Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☒ 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)? ☐ Yes ☒ 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.) ☐ Yes ☒ 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)? Organizations relying on a current notice regarding disaster assistance check here ☐ N/A	1b	
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 2014? ☐ Yes ☒ No	1c	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014? ☐ Yes ☒ No If "Yes," list the years ►		
b	Are there any years listed in 2a for which the foundation is not 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.) ☐ Yes ☒ No	2b	
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ►		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐ Yes ☒ No		
b	If "Yes," did it have excess business holdings in 2014 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 2014) ☐ Yes ☒ No	3b	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014?	4b	X

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 4945(d)(4)(A)? (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)?

N/A

5b

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.

(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 7		0.	0.	0.

2 Compensation of five highest-paid employees (other than those included on line 1). 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 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	1a	0.
b	Average of monthly cash balances	1b	497,806.
c	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	497,806.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	497,806.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	7,467.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	490,339.
6	Minimum investment return. Enter 5% of line 5	6	24,517.

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	24,517.
2a	Tax on investment income for 2014 from Part VI, line 5	2a	22.
b	Income tax for 2014. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	22.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	24,495.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	24,495.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	24,495.

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	1a	219,555.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	219,555.
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	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	219,555.

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) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI, line 7				24,495.
2 Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2014:				
a From 2009	1,785.			
b From 2010	95,423.			
c From 2011	68,538.			
d From 2012	166,921.			
e From 2013	98,818.			
f Total of lines 3a through e	431,485.			
4 Qualifying distributions for 2014 from Part XII, line 4: ► \$	219,555.			
a Applied to 2013, 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 2014 distributable amount				24,495.
e Remaining amount distributed out of corpus	195,060.			
5 Excess distributions carryover applied to 2014 (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	626,545.			
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 2013. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2014. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2015				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0.			
8 Excess distributions carryover from 2009 not applied on line 5 or line 7	1,785.			
9 Excess distributions carryover to 2015 Subtract lines 7 and 8 from line 6a	624,760.			
10 Analysis of line 9:				
a Excess from 2010	95,423.			
b Excess from 2011	68,538.			
c Excess from 2012	166,921.			
d Excess from 2013	98,818.			
e Excess from 2014	195,060.			

N/A

☐ 4942(j)(3) or ☐ 4942(j)(5)

(4) Gross investment income

[illegible]

d. Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution * *	Amount
Name and address (home or business)				
a Paid during the year				
AGC OF IOWA FOUNDATION 701 E COURT AVE SUITE B DES MOINES, IA 50309	NONE	PUBLIC	FOSTER EDUCATION, SUPPORT RESEARCH AND DISSEMINATE INFORMATION TO THE GENERAL PUBLIC ABOUT	650.
AHEINZ57 PET RESCUE 109 GUTHRIE DE SOTO, IA 50069	NONE	PUBLIC	SAVING HOMELESS COMPANION ANIMALS, ASSISTING OTHER SHELTERS, RESCUE THROUGH RESCUE	25.
AIB COLLEGE OF BUSINESS 2500 FLEUR DRIVE DES MOINES, IA 50321	NONE	PUBLIC	SCHOLARSHIP	1,500.
ALZHEIMERS ASSOCIATION 1730 28TH STREET WEST DES MOINES, IA 50266	NONE	PUBLIC	TO ELIMINATE ALZHEIMERS DISEASE THROUGH THE ADVANCEMENT OF RESEARCH, TO ENHANCE	100.
AMERICAN CANCER SOCIETY 10501 EUCLID AVE CLEVELAND, OH 44106	NONE	PUBLIC	PROGRAM SUPPORT	300.
Total			SEE CONTINUATION SHEET(S) ▶ 3a	219,555.
b Approved for future payment				
NONE				
Total			▶ 3b	0.

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) Related or exempt function income
	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) 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	1,102.	
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			01	47,057.	
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)		0.		48,159.	0.
13 Total. Add line 12, columns (b), (d), and (e)				48,159.	48,159.

(See worksheet in line 13 instructions to verify calculations.)

Part XVI-B

Relationship of Activities to the Accomplishment of Exempt Purposes

[illegible]

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		Yes	No
a	Transfers from the reporting foundation to a noncharitable exempt organization of:			
	(1) Cash	1a(1)		X
	(2) Other assets	1a(2)		X
b	Other transactions:			
	(1) Sales of assets to a noncharitable exempt organization	1b(1)		X
	(2) Purchases of assets from a noncharitable exempt organization	1b(2)		X
	(3) Rental of facilities, equipment, or other assets	1b(3)		X
	(4) Reimbursement arrangements	1b(4)		X
	(5) Loans or loan guarantees	1b(5)		X
	(6) Performance of services or membership or fundraising solicitations	1b(6)		X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		X
d	If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.			

[illegible]

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

☐ Yes ☒ No

b If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

**Sign
Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer or trustee

Date _____

Title

May the IRS discuss this return with the preparer shown below (see instr)?

☒ Yes ☐ No

**Paid
Preparer
Use Only**

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

STEPHEN L KOEHN

~~St~~ L Kol CPA

4-30-15

P00089588

Firm's name ► MERIWETHER, WILSON, AND COMPANY, PLLC

Firm's EIN ► 42-0731256

Firm's address ► 4500 WESTOWN PARKWAY, SUITE 140
WEST DES MOINES, IA 50266-6717

Phone no. 515-223-0002

Form **990-PF** (2014)

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

2014

Name of the organization

Employer identification number

THE MERCHANTS BONDING COMPANY FOUNDATION**26-3035459**

Organization type (check one)

Filers of:

Section:

Form 990 or 990-EZ

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

Form 990-PF

☒ 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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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 totaling \$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 its Form 990-PF, Part I, line 2, to certify that it does not meet 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) (2014)

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) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	<u>MERCHANTS BONDING COMPANY</u> <u>2100 FLEUR DR</u> <u>DES MOINES, IA 50321</u>	\$ <u>253,812.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)

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. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Name of organization

Employer identification number

THE MERCHANTS BONDING COMPANY FOUNDATION**26-3035459**

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this info once) ▶ \$ _____

Use duplicate copies of Part III if additional space is needed.

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

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)				
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
AMERICAN HEART ASSOCIATION 1111 9TH ST SUITE 280 DES MOINES, IA 50314	NONE	PUBLIC	TO BUILD HEALTHIER LIVES, FREE OF CARDIOVASCULAR DISEASES AND STROKE.	1,500.
BEMIDJI STATE UNIVERSITY FOUNDATION 1500 BIRCHMONT AVE NE BEMIDJI, MN 56601	NONE	PUBLIC	TO FUND SCHOLARSHIPS, SUPPORT STUDENT RECRUITMENT EFFORTS, FACULTY RESEARCH AND FOUNDATION OPERATIONS.	100.
BIG BROTHERS BIG SISTERS OF CENTRAL IOWA 9051 SWANSON BOULEVARD CLIVE, IA 50325	NONE	PUBLIC	PROGRAM SUPPORT	1,250.
BIG BROTHERS BIG SISTERS OF GREATER KC 3908 WASHINGTON STREET KANSAS CITY, MO 64111	NONE	PUBLIC	ORGANIZATION MATCHES CHILDREN OF ONE-PARENT FAMILIES, IN ONE-TO-ONE FRIENDSHIPS, CREATING	1,000.
BLANK CHILDRENS HOSPITAL 1200 PLEASANT DES MOINES, IA 50309	NONE	PUBLIC	SUPPORTS THE HEALTH CARE NEEDS OF CHILDREN	130,875.
BOYS AND GIRLS CLUB OF SCOTTSDALE 10533 EAST LAKEVIEW DRIVE SCOTTSDALE, AZ 85258	NONE	PUBLIC	PROVIDE EDUCATION, COUNSELING, TRAINING, CHILD CARE AND BASIC ASSISTANCE.	100.
BRAVO GREATER DES MOINES 1915 GRAND AVE DES MOINES, IA 50309	NONE	PUBLIC	TO INCREASE CULTURAL AWARENESS, ADVOCACY, AND FUNDING.	4,000.
BROADLAWNS MEDICAL CENTER FOUNDATION PO BOX 5008 DES MOINES, IA 50305	NONE	PUBLIC	TO SUPPORT THE HOSPITAL SO THAT IT CAN PROVIDE HIGH QUALITY CHARITABLE CARE.	250.
CASEYS CHARITIES PO BOX 3001 ANKENY, IA 50021	NONE	PUBLIC	THE CASEYS CHARITIES BENEFIT PHILANTHROPY, VOLUNTARISM AND GRANTMAKING FOUNDATIONS, FOCUSING	1,050.
CENTRAL IOWA AFP CHAPTER 37 LIBERTY BLEE BLVD PLEASANT HILL, IA 50327	NONE	PUBLIC	THE CHAPTER SERVES OVER 125 FUNDRAISING PROFESSIONALS WHO WORK FOR A WIDE VARIETY OF CHARITABLE	1,000.
Total from continuation sheets				216,980.

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
CHARLOTTE WINGS 616 LIVE OAK ROCHESTER HILLS, MI 48309	NONE	PUBLIC	DEDICATED TO SUPPORTING AILING CHILDREN THROUGH DONATIONS OF NEW BOOKS TO THE CHILDREN AND	100.
CHILDREN & FAMILIES OF IOWA 1111 UNIVERSITY AVE DES MOINES, IA 50314	NONE	PUBLIC	PROVIDES SAFE SHELTER AND SUPPORT FOR VICTIMS FLEEING DOMESTIC VIOLENCE.	500.
CHILDREN'S HOSPITAL CLINICS OF MINNESOTA 2525 CHICAGO AVE MINNEAPOLIS, MN 55404	NONE	PUBLIC	PROGRAM SUPPORT	200.
CHILDRENS CANCER CONNECTION 1221 CENTER STREET SUITE 12 DES MOINES, IA 50309	NONE	PUBLIC	PROVIDES FREE SUMMER CAMP FOR CHILDREN WITH CANCER AND THEIR SIBLINGS.	300.
COMMUNITY FOUNDATION OF GREAT RIVER BEND 82 MIDDLE RD SUITE 100 BETTENDORF, IA 52752	NONE	PUBLIC	TO POOL THE CHARITABLE RESOURCES OF AREA PHILANTHROPISTS INTO A SINGLE AND PERMANENT TRUST OR ENDOWMENT FOR	250.
CROSS AND CROWN LUTHERAN CHUCH 300 PINEVILLE MATTHEWS RD MATTHEWS, NC 28105	NONE	PUBLIC	MEMORIAL TO SUPPORT PROGRAMS	100.
CYSTIC FIBROSIS FOUNDATION DES MOINES 4150 WESTOWN PARKWAY #203 WEST DES MOINES, IA 50266	NONE	PUBLIC	TO PROVIDE MEDICAL RESEARCH, DEVELOP NEW DRUGS AND THERAPIES, PROVIDE CARE, AND ULTIMATELY TO FIND A	500.
DES MOINES COMMUNITY PLAYHOUSE 831 42ND ST DES MOINES, IA 50312	NONE	PUBLIC	PROVIDES ENTERTAINMENT, EDUCATION, AND VOCATIONAL ACTIVITIES TO GENERATIONS OF	1,000.
DES MOINES PERFORMING ARTS 221 WALNUT STREET DES MOINES, IA 50309	NONE	PUBLIC	PROGRAM SUPPORT	9,000.
DES MOINES SYMPHONY 1011 LOCUST #200 DES MOINES, IA 50309	NONE	PUBLIC	SUPPORTS THE SYMPHONY IN DES MOINES.	2,500.
Total from continuation sheets				

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
DIOCESE OF METUCHEN PO BOX 191 METUCHEN, NJ 08840	NONE	PUBLIC	COMMITTED TO SPREAD THE TEACHING OF THE LORD ACCORDING TO THE SCRIPTURE AND CONTRIBUTE TO THE	100.
ENLISTED ASSN NATIONAL GUARD OF IA PO BOX 924 DAVENPORT, IA 52805	NONE	PUBLIC	PROGRAM SUPPORT	50.
FIRST LUTHERAN CHURCH BUILDING FUND 3200 R MILITARY FREMONT, NE 68025	NONE	PUBLIC	BUILDING PROGRAM	100.
FIVESTONE CHURCHES 542 E WILLOW CT PALATINE, IL 60074	NONE	PUBLIC	PROGRAMS	200.
FOOD BANK OF IOWA 2220 EAST 17TH ST DES MOINES, IA 50316	NONE	PUBLIC	ALLEVIATING HUNGER THROUGH FOOD DISTRIBUTION, PARTNERSHIP AND EDUCATION.	450.
FREEDOM FOR YOUTH MINISTRIES 2301 HICKMAN RD DES MOINES, IA 50010	NONE	PUBLIC	THE ORGANIZATION OFFERS THE LOVE OF JESUS CHRIST TO DISTRESSED AND IMPOVERISHED YOUTH.	200.
FRIENDS OF KUEMPER BALL 116 SOUTH EAST STREET CARROLL, IA 51401	NONE	PUBLIC	FUNDRAISER FOR THE KUEMPER CATHOLIC SCHOOL SYSTEM.	500.
GOSHEN VALLEY BOYS RANCH 387 GOSHEN CHURCH WAY WALESKA, GA 30183	NONE	PUBLIC	TO BREAK THE CYCLE OF ABUSE AND NEGLECT FACING OUR MOST VULNERABLE YOUTH.	125.
HOLDING TINY HANDS FOUNDATION 2513 WHITE OAK DRIVE AMES, IA 50014	NONE	PUBLIC	SUPPORTS FAMILIES WITH INFANTS IN NEWBORN ICU	300.
HOSPICE OF CENTRAL IOWA 2910 WESTOWN PARKWAY #200 WEST DES MOINES, IA 50266	NONE	PUBLIC	MEMORIAL	2,500.
Total from continuation sheets				

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)				
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
INSURANCE INDUSTRY CHARITABLE FOUNDATION 4219 WEST LOVERS LANE DALLAS, TX 73209	NONE	PUBLIC	MONEY RAISED FOR CHILDREN, EDUCATION AND VETERANS	500.
IOWA ASSOCIATION OF COMMUNITY PROVIDERS 7205 HICKMAN ROAD #5 URBANDALE, IA 50325	NONE	PUBLIC	SUPPORTS ADULTS WITH INTELLECTUAL DISABILITIES, MENTAL HEALTH DIABILITIES AND BRAIN INJURIES.	100.
IOWA INS HALL OF FAME 10546 JUSTIN DRIVE URBANDALE, IA 50322	NONE	PUBLIC	TO HONOR THOSE INDIVIDUALS WHO HAVE MADE AN IMPACT ON THE INSURANCE INDUSTRY IN IOWA.	250.
IOWA PUBLIC TELEVISION 6535 CORPORATE DRIVE JOHNSTON, IA 50131	NONE	PUBLIC	PROGRAM SUPPORT	75.
IOWA STATE UNIVERSITY FOUNDATION 2505 UNIVERSITY BLVD, P.O. BOX 2230 AMES, IA 50010	NONE	PUBLIC	ESSENTIAL IN BUILDING THE FINANCIAL BASE TO SUSTAIN LONG-TERM GROWTH OF ISU.	2,500.
JUVENILE DIABETES RESEARCH 3580 EP TRUE PARKWAY WEST DES MOINES, IA 50265	NONE	PUBLIC	TO FIND A CURE FOR DIABETES AND ITS COMPLICATIONS THROUGH THE SUPPORT OF RESEARCH.	1,200.
LYMPHOMA & LEUKEMIA SOCIETY 8033 UNIVERSITY DES MOINES, IA 50325	NONE	PUBLIC	CURE LEUKEMIA, LYMPHOMA, HODGKIN'S DISEASE AND MYELOMA, AND IMPROVE THE QUALITY OF LIFE OF	5,500.
MAKE A WISH FOUNDATION IA 3024 104TH STREET URBANDALE, IA 50322	NONE	PUBLIC	GRANTING WISHES OF CHILDREN WITH LIFE-THREATENING MEDICAL CONDITIONS TO ENRICH THE HUMAN	2,740.
MARCH OF DIMES 2910 WESTOWN PKWY SUITE 301 WEST DES MOINES, IA 50266	NONE	PUBLIC	HELP MOMS HAVE FULL-TERM PREGNANCIES AND RESEARCH THE PROBLEMS THAT THREATEN THE HEALTH OF BABIES.	100.
MERCY HOSPICE 411 LAUREL STREET #3250 DES MOINES, IA 50314	NONE	PUBLIC	MEMORIAL	250.
Total from continuation sheets				

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
ORCHARD PLACE 2116 GRADE AVE DES MOINES, IA 50312	NONE	PUBLIC	DEVELOP STRONG FUTURES FOR CHILDREN AND YOUTH WITH MENTAL HEALTH AND BEHAVIORAL CHALLENGES.	1,000.
OTT FAMILY YMCA 401 S PRUDENCE ROAD TUSCON, AZ 85710	NONE	PUBLIC	PROGRAM SUPPORT	250.
PRINCIPAL CHARITY CLASSIC 2771 104TH ST SUITE I URBANDALE, IA 50322	NONE	PUBLIC	THE TOURNAMENT RAISES MONEY FOR LOCAL NON-PROFIT ORGANIZATIONS SUPPORTING CHILDREN IN	5,500.
RONALD MCDONALD HOUSE 1441 PLEASANT STREET DES MOINES, IA 50314	NONE	PUBLIC	SUPPORT FOR FAMILIES OF CHILDREN RECEIVING CRITICAL MEDICAL CARE IN DES MOINES.	800.
SALISBURY HOUSE 4025 TONAWANDA DRIVE DES MOINES, IA 50312	NONE	PUBLIC	HELPS TO PRESERVE THE HOUSE AND GARDENS; PROVIDE EDUCATIONAL AND CULTURAL PROGRAMMING FOR	500.
SCIENCE CENTER OF IOWA & BLANK IMAX DOME 401 MARTIN LUTHER KING JR. PKWY DES MOINES, IA 50309	NONE	PUBLIC	TO BE THE HIGHEST QUALITY RESOURCE INSPIRING SCIENTIFIC EXPLORATION THROUGH INTERACTIVE EDUCATION.	1,000.
ST MONICA'S 120 WEDGEWOOD DRIVE LINCOLN, NE 68510	NONE	PUBLIC	PROGRAM SUPPORT	200.
TERRACE HILL FOUNDATION 2300 GRAND AVE DES MOINES, IA 50312	NONE	PUBLIC	SUPPORTS THE UPKEEP OF THE GOVERNOR'S MANSION IN DES MOINES.	500.
THE WILLIS FOUNDATION 12980 METCALF AVE SUITE 500 OVERLAND PARK, KS 66213	NONE	PUBLIC	PROGRAM SUPPORT	1,500.
UNITED WAY OF CENTRAL IOWA 1111 NINTH STREET, SUITE 100 DES MOINES, IA 50314	NONE	PUBLIC	IMPROVES LIVES BY MOBILIZING THE CARING POWER OF COMMUNITIES AROUND THE WORLD TO ADVANCE THE COMMON	5,300.
Total from continuation sheets				

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)				
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
UNITY POINT HEALTH FOUNDATION 1415 WOODLAND AVE SUITE E-200 DES MOINES, IA 50309	NONE	PUBLIC	TO IMPROVE THE HEALTH OF OUR COMMUNITIES THROUGH HEALING, CARING AND TEACHING,	1,000.
UNIVERSITY OF IOWA FOUNDATION P.O. BOX 4550 IOWA CITY, IA 52244	NONE	PUBLIC	PROVIDES SUPPORT FOR THE GENERAL ATHLETIC BUDGET FOR THE UNIVERSITY OF IOWA,	3,600.
UNIVERSITY OF SOUTH DAKOTA 414 E CLARK ST VERMILLION, SD 57069	NONE	PUBLIC	PROGRAM SUPPORT	200.
UNIVERSITY OF TEXAS-LONGHORN FOUNDATION PO BOX 13178 AUSTIN, TX 78711	NONE	PUBLIC	SUPPORT OF 550 STUDENT-ATHLETES WHO PARTICIPATE IN THE UNIVERSITY OF TEXAS 20 SPORT PROGRAMS	5,000.
VARIETY, THE CHILDREN'S NETWORK 505 5TH AVE SUITE 310 DES MOINES, IA 50309	NONE	PUBLIC	HELPING UNDERPRIVILEGED, AT-RISK AND SPECIAL NEEDS CHILDREN IN IOWA,	4,240.
YMCA OF GREATER DM 101 LOCUST STREET DES MOINES, IA 50309	NONE	PUBLIC	BUILD STRONG KIDS, STRONG FAMILIES AND STRONG COMMUNITIES.	750.
YOUTH HOMES OF MID AMERICA 7085 NW BEAVER DR JOHNSTON, IA 50131	NONE	PUBLIC	HELP SHAPE TODAY'S YOUTH INTO TOMORROW'S CAPABLE ADULTS,	4,050.
KVC HEALTH SYSTEMS 21350 W 153RD STREET OLATHE, KS 66061	NONE	PUBLIC	COMMITTED TO ENRICHING THE LIVES OF CHILDREN AND FAMILIES PROVIDING MEDICAL AND BEHAVIORIAL HEALTHCARE, SOCIAL	200.
LUTHERAN CHURCH OF THE REDEEMER 731 PEACHTREE ST NE ATLANTA, GA 30308	NONE	PUBLIC	BUILDING A COMMUNITY OF FAITH-A PEOPLE OF GOD WHO WORSHIP JESUS CHRIST AND PROCLAIM HIS SAVING GRACE AND	100.
MARINES TOYS FOR TOTS FOUNDATION 18251 QUANTICO GATEWAY DRIVE TRIANGLE, VA 22172	NONE	PUBLIC	DISTRIBUTE TOYS TO CHILDREN WHOSE PARENTS CANNOT AFFORD TO BUY THEM GIFTS FOR CHRISTMAS,	100.
Total from continuation sheets				

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
MARSEILLES NURSING SERVICES 227 S MAIN ST MARSEILLES, IL 61341	NONE	PUBLIC	TO GIVE CHARITABLE HEALTHCARE TO THE RESIDENTS OF MARSEILLES	75.
MID-IOWA COUNCIL - BOY SCOUTS OF AMERICA 5123 SCOUT TRAIL DES MOINES, IA 50321	NONE	PUBLIC	TO PROVIDE A PROGRAM FOR BOYS AND YOUNG ADULTS TO BUILD CHARACTER, TO TRAIN IN THE RESPONSIBILITIES OF	5,000.
MISSION HAITI PO BOX 2175 SIOUX FALLS, SD 57101	NONE	PUBLIC	TO REACH THE PEOPLE OF HAITI ONE VILLAGE AT A TIME FOR THE GLORY OF THE LORD.	200.
MOORE BEAUTIFUL PO BOX 7367 MOORE, OK 73143	NONE	PUBLIC	DISASTER PREPAREDNESS AND RELIEF SERVICES	50.
NATIONAL ASSOCIATION OF WOMEN IN CONSTRUCTION 883 SHAVER ROAD NE CEDAR RAPIDS, IA 52402	NONE	EXEMPT ORGANIZATION	NAWIC PROVIDES ITS MEMBERS WITH OPPORTUNITIES FOR PROFESSIONAL DEVELOPMENT.	250.
NATIONAL MULTIPLE SCLEROSIS SOCIETY 200 12TH AVE S MINNEAPOLIS, MN 55415	NONE	PUBLIC	WORKS TO IMPROVE THE QUALITY OF LIFE FOR PEOPLE AFFECTED BY MS AND RAISE FUNDS FOR CRITICAL MS RESEARCH.	100.
POSITIVE IMPACT MEDIA 33365 335TH STREET WAUKEE, IA 50263	NONE	PUBLIC	SUPPORTS THE FAMILY WITH A HEART-POSITIVE CHOICE FOR YOUNG ADULTS AND PROVIDES ACCESS TO 100%	200.
THE REPERTORY THEATER OF IOWA 2124 GRAND AVE DES MOINES, IA 52211	NONE	PUBLIC	A NON-PROFIT PROFESSIONAL RESIDENT ENSEMBLE THEATER COMPANY DEDICATED TO PRODUCING HIGH QUALITY	1,000.
MEALS FROM THE HEARTLAND 357 LINCOLN STREET WEST DES MOINES, IA 50265	NONE	PUBLIC	EMPOWERING PEOPLE TO SAVE THE STARVING	1,000.
Total from continuation sheets				

Part XV Supplementary Information

3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

NAME OF RECIPIENT - AGC OF IOWA FOUNDATION

FOSTER EDUCATION, SUPPORT RESEARCH AND DISSEMINATE INFORMATION TO THE
GENERAL PUBLIC ABOUT THE CONSTRUCTION INDUSTRY.

NAME OF RECIPIENT - AHEINZ57 PET RESCUE

SAVING HOMELESS COMPANION ANIMALS, ASSISTING OTHER SHELTERS, RESCUE
THROUGH RESCUE TRANSPORTS, IN-HOME TRAINING AND PUBLIC EDUCATION ON
ISSUES OF OVERPOPULATION AND RESPONSIBLE PET OWNERSHIP.

NAME OF RECIPIENT - ALZHEIMERS ASSOCIATION

TO ELIMINATE ALZHEIMERS DISEASE THROUGH THE ADVANCEMENT OF RESEARCH, TO
ENHANCE CARE AND SUPPORT FOR ALL AFFECTED, AND TO REDUCE THE RISK OF
DEMENTIA THROUGH THE PROMOTION OF BRAIN HEALTH.

NAME OF RECIPIENT - BIG BROTHERS BIG SISTERS OF GREATER KC

ORGANIZATION MATCHES CHILDREN OF ONE-PARENT FAMILIES, IN ONE-TO-ONE
FRIENDSHIPS. CREATING FRIENDSHIPS THAT OTHERWISE WOULD NOT HAPPEN.

NAME OF RECIPIENT - CASEYS CHARITIES

THE CASEYS CHARITIES BENEFIT PHILANTHROPY, VOLUNTARISM AND GRANTMAKING
FOUNDATIONS, FOCUSING SPECIFICALLY ON PUBLIC FOUNDATION PROGRAMS.

NAME OF RECIPIENT - CENTRAL IOWA AFP CHAPTER

THE CHAPTER SERVES OVER 125 FUNDRAISING PROFESSIONALS WHO WORK FOR A
WIDE VARIETY OF CHARITABLE ORGANIZATIONS IN CENTRAL IOWA.

NAME OF RECIPIENT - CHARLOTTE'S WINGS

DEDICATED TO SUPPORTING AILING CHILDREN THROUGH DONATIONS OF NEW BOOKS

Part XV Supplementary Information

3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

TO THE CHILDREN AND THEIR FAMILIES IN HOSPITAL AND HOSPICE CARE.

NAME OF RECIPIENT - COMMUNITY FOUNDATION OF GREAT RIVER BEND

TO POOL THE CHARITABLE RESOURCES OF AREA PHILANTHROPISTS INTO A SINGLE
AND PERMANENT TRUST OR ENDOWMENT FOR THE BETTERMENT OF THE CITY OF
DAVENPORT.

NAME OF RECIPIENT - CYSTIC FIBROSIS FOUNDATION DES MOINES

TO PROVIDE MEDICAL RESEARCH, DEVELOP NEW DRUGS AND THERAPIES, PROVIDE
CARE, AND ULTIMATELY TO FIND A CURE FOR CYSTIC FIBROSIS.

NAME OF RECIPIENT - DES MOINES COMMUNITY PLAYHOUSE

PROVIDES ENTERTAINMENT, EDUCATION, AND VOCATIONAL ACTIVITIES TO
GENERATIONS OF CENTRAL IOWANS.

NAME OF RECIPIENT - DIOCESE OF METUCHEN

COMMITTED TO SPREAD THE TEACHING OF THE LORD ACCORDING TO THE SCRIPTURE
AND CONTRIBUTE TO THE COMMUNITY.

NAME OF RECIPIENT - LYMPHOMA & LEUKEMIA SOCIETY

CURE LEUKEMIA, LYMPHOMA, HODGKIN'S DISEASE AND MYELOMA, AND IMPROVE THE
QUALITY OF LIFE OF PATIENTS AND THEIR FAMILIES.

NAME OF RECIPIENT - MAKE A WISH FOUNDATION IA

GRANTING WISHES OF CHILDREN WITH LIFE-THREATENING MEDICAL CONDITIONS TO
ENRICH THE HUMAN EXPERIENCE WITH HOPE, STRENGTH AND JOY.

NAME OF RECIPIENT - PRINCIPAL CHARITY CLASSIC

• **Part XV** Supplementary Information

3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

THE TOURNAMENT RAISES MONEY FOR LOCAL NON-PROFIT ORGANIZATIONS
SUPPORTING CHILDREN IN THE ARTS, CULTURE, HEALTH AND HUMAN SERVICES.

NAME OF RECIPIENT - SALISBURY HOUSE
HELPS TO PRESERVE THE HOUSE AND GARDENS; PROVIDE EDUCATIONAL AND
CULTURAL PROGRAMMING FOR STUDENTS AND OTHER OF ALL AGES, INCOMES, AND
LIFE EXPERIENCES.

NAME OF RECIPIENT - SCIENCE CENTER OF IOWA & BLANK IMAX DOME
TO BE THE HIGHEST QUALITY RESOURCE INSPIRING SCIENTIFIC EXPLORATION
THROUGH INTERACTIVE EDUCATION, PROGRAMS AND EXHIBITS.

NAME OF RECIPIENT - UNITED WAY OF CENTRAL IOWA
IMPROVES LIVES BY MOBILIZING THE CARING POWER OF COMMUNITIES AROUND
THE WORLD TO ADVANCE THE COMMON GOOD.

NAME OF RECIPIENT - KVC HEALTH SYSTEMS
COMMITTED TO ENRICHING THE LIVES OF CHILDREN AND FAMILIES PROVIDING
MEDICAL AND BEHAVIORAL HEALTHCARE, SOCIAL SERVICES AND EDUCATION.

NAME OF RECIPIENT - LUTHERAN CHURCH OF THE REDEEMER
BUILDING A COMMUNITY OF FAITH-A PEOPLE OF GOD WHO WORSHIP JESUS CHRIST
AND PROCLAIM HIS SAVING GRACE AND IN SERVICE, SHARE GOD'S LOVE WITH THE
WORLD.

NAME OF RECIPIENT - MID-IOWA COUNCIL - BOY SCOUTS OF AMERICA
TO PROVIDE A PROGRAM FOR BOYS AND YOUNG ADULTS TO BUILD CHARACTER, TO
TRAIN IN THE RESPONSIBILITIES OF CITIZENSHIP, AND TO DEVELOP MENTAL AND

Part XV Supplementary Information

3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

PHYSICAL FITNESS - MAKING A DIFFERENCE IN THE LIVES OF BOYS AGED 7
THROUGH 20.

NAME OF RECIPIENT - NATIONAL ASSOCIATION OF WOMEN IN CONSTRUCTION
NAWIC PROVIDES ITS MEMBERS WITH OPPORTUNITIES FOR PROFESSIONAL
DEVELOPMENT, EDUCATION, NETWORKING, LEADERSHIP TRAINING, AND PUBLIC
SERVICE.

NAME OF RECIPIENT - POSITIVE IMPACT MEDIA
SUPPORTS THE FAMILY WITH A HEART-POSITIVE CHOICE FOR YOUNG ADULTS AND
PROVIDES ACCESS TO 100% POSITIVE MUSIC THE WHOLE FAMILY CAN ENJOY AND
SHARE.

NAME OF RECIPIENT - THE REPERTORY THEATER OF IOWA
A NON-PROFIT PROFESSIONAL RESIDENT ENSEMBLE THEATER COMPANY DEDICATED
TO PRODUCING HIGH QUALITY CLASSIC THEATRE AND INNNOVATIVE PRODUCTIONS
THAT EDUCATE AND INSPIRE.

FORM 990-PF INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS STATEMENT 1

SOURCE	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
INTEREST INCOME	1,102.	1,102.	0.
TOTAL TO PART I, LINE 3	1,102.	1,102.	0.

FORM 990-PF OTHER INCOME STATEMENT 2

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
GROSS INCOME FROM SPECIAL FUNDRAISING EVENTS	120,776.	0.	120,776.
TOTAL TO FORM 990-PF, PART I, LINE 11	120,776.	0.	120,776.

FORM 990-PF LEGAL FEES STATEMENT 3

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL FEES	350.	0.	0.	0.
TO FM 990-PF, PG 1, LN 16A	350.	0.	0.	0.

FORM 990-PF ACCOUNTING FEES STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING AND TAX PREPARATION	1,728.	0.	0.	0.
TO FORM 990-PF, PG 1, LN 16B	1,728.	0.	0.	0.

FORM 990-PF	TAXES			STATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
IOWA DEPARTMENT OF REVENUE	292.	0.	0.	0.	
EXCISE TAX	16.	0.	0.	0.	
TO FORM 990-PF, PG 1, LN 18	308.	0.	0.	0.	

FORM 990-PF	OTHER EXPENSES			STATEMENT	6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
BANK CHARGES	509.	0.	0.	0.	
TAX AND MISC EXPENSE	2,606.	0.	0.	0.	
COMMUNITY OUTREACH COUNCIL EXPENSE	1,570.	0.	0.	0.	
SPECIAL EVENT EXPENSES	73,719.	0.	73,719.	0.	
TO FORM 990-PF, PG 1, LN 23	78,404.	0.	73,719.	0.	

FORM 990-PF

PART VIII - LIST OF OFFICERS, DIRECTORS
TRUSTEES AND FOUNDATION MANAGERS

STATEMENT 7

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
LARRY TAYLOR 4127 PLUMWOOD WEST DES MOINES, IA 50265	CHAIRMAN 0.00	0.	0.	0.
WILLIAM WARNER, JR 3917 155TH STREET URBANDALE, IA 50323	DIRECTOR 0.00	0.	0.	0.
MELISSA WARNER 4628 N AVENIDA DEL PUENTE PHOENIX, AZ 85018	DIRECTOR 0.00	0.	0.	0.
JANET TAYLOR 7117 PELICAN BAY BLVD UNIT 607 NAPLES, FL 34108	DIRECTOR 0.00	0.	0.	0.
LLOYD TAYLOR 7117 PELICAN BAY BLVD UNIT 607 NAPLES, FL 34108	DIRECTOR 0.00	0.	0.	0.
BILL TAYLOR 5115 S. KENTON WAY ENGLEWOOD, CO 80111	DIRECTOR 0.00	0.	0.	0.
JEFF TAYLOR 919 RAVENDALE PLACE CARY, NC 27513	DIRECTOR 0.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		0.	0.	0.