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Form **990-PF**

Return of Private Foundation

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

OMB No 1545-0052

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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/form990pf.

For calendar year 2014 or tax year beginning

, and ending

Name of foundation The Motorists Insurance Group Foundation FKA The Motorists Insurance Companies Founda			A Employer identification number 31-1712343	
Number and street (or P.O. box number if mail is not delivered to street address) 471 East Broad ST			B Telephone number (see instructions) 614-225-3861	
City or town Columbus	State OH	ZIP code 43215		
Foreign country name			Foreign province/state/county	
Foreign postal code				
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change			C If exemption application is pending, check here <input type="checkbox"/> D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/> F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation				
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ 35,288		J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ <i>(Part I, column (d) must be on cash basis.)</i>		

Part I Analysis of Revenue and Expenses <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))</i>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	808,851			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	2	2		
	4 Dividends and interest from securities	203	203		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	-2,589			
	b Gross sales price for all assets on line 6a	758,400			
	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) (attach schedule)					
11 Other income (attach schedule)					
12 Total. Add lines 1 through 11	806,467	205	0		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.				
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)				
	c Other professional fees (attach schedule)	3,880	3,880		
	17 Interest				
	18 Taxes (attach schedule) (see instructions)				
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)				
	24 Total operating and administrative expenses. Add lines 13 through 23	3,880	3,880	0	0
	25 Contributions, gifts, grants paid	844,671			844,671
26 Total expenses and disbursements. Add lines 24 and 25	848,551	3,880	0	844,671	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	-42,084				
b Net investment income (if negative, enter -0-)		0			
c Adjusted net income (if negative, enter -0-)			0		

For Paperwork Reduction Act Notice, see instructions.

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Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing	67,907	26,111	26,111
	2	Savings and temporary cash investments	535	247	247
	3	Accounts receivable ▶ Less allowance for doubtful accounts ▶			
	4	Pledges receivable ▶ Less allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶ Less allowance for doubtful accounts ▶			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			
	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)	59,309	59,309	8,930
	c	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis ▶ Less accumulated depreciation (attach schedule) ▶			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment basis ▶ Less accumulated depreciation (attach schedule) ▶			
	15	Other assets (describe ▶)			
	16	Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)	127,751	85,667	35,288
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 (attach schedule)			
	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 and complete lines 24 through 26 and lines 30 and 31. ▶ <input type="checkbox"/>			
	24	Unrestricted			
	25	Temporarily restricted			
	26	Permanently restricted			
		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. ▶ <input checked="" type="checkbox"/>			
	27	Capital stock, trust principal, or current funds			
	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds	127,751	85,667	
	30	Total net assets or fund balances (see instructions)	127,751	85,667	
	31	Total liabilities and net assets/fund balances (see instructions)	127,751	85,667	

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	127,751
2	Enter amount from Part I, line 27a	2	-42,084
3	Other increases not included in line 2 (itemize) ▶	3	
4	Add lines 1, 2, and 3	4	85,667
5	Decreases not included in line 2 (itemize) ▶	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	85,667

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 See Attached Statement			
b See Attached Statement			
c See Attached Statement			
d See Attached Statement			
e See Attached Statement			

(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			0
b			0
c			0
d			0
e			0

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a			0
b			0
c			0
d			0
e			0

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 }	2	-2,589
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) (see instructions). If (loss), enter -0- in Part I, line 8 }	3	-2,589

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.)

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	1,106,767	110,459	10.019709
2012	310,566	175,003	1.774632
2011	481,700	151,842	3.172377
2010	499,552	365,781	1.365713
2009	480,010	193,136	2.485347

2 Total of line 1, column (d)	2	18.817778
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	3.763556
4 Enter the net value of noncharitable-use assets for 2014 from Part X, line 5	4	124,538
5 Multiply line 4 by line 3	5	468,706
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	0
7 Add lines 5 and 6	7	468,706
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	8	844,671

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 <input type="checkbox"/> 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 <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	1	
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-)	2	0
3	Add lines 1 and 2	3	0
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	0
6	Credits/Payments		
a	2014 estimated tax payments and 2013 overpayment credited to 2014	6a	3,613
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d	7	3,613
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	0
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	3,613
11	Enter the amount of line 10 to be Credited to 2015 estimated tax 3,613 Refunded	11	0

Part VII-A Statements Regarding Activities

	Yes	No
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?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)? <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.</i>		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation \$ _____ (2) On foundation managers \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers \$ _____		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities.</i>		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes.</i>		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T</i>		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • 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?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i>	X	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) OH		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? <i>If "No," attach explanation</i>		X
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>		X
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>	X	

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 ► Guidestar.com	13	X	
14	The books are in care of ► Joel Kratzer, Motorists Mutual Insurance Company Telephone no. ► 614-225-8327 Located at ► 471 East Broad ST Columbus OH ZIP+4 ► 43215-3861			
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		<input type="checkbox"/>
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 X	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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2)	Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3)	Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4)	Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5)	Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(6)	Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here <input type="checkbox"/>	1b	N/A
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2014?	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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ► 20____, 20____, 20____, 20____		
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)	2b	N/A
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ► 20____, 20____, 20____, 20____		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If "Yes," did it have excess business holdings in 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.)	3b	N/A
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))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2)	Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3)	Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4)	Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?		5b	N/A
	Organizations relying on a current notice regarding disaster assistance check here	<input type="checkbox"/>		
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<i>If "Yes," attach the statement required by Regulations section 53.4945–5(d)</i>			
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		6b	
	<i>If "Yes" to 6b, file Form 8870</i>			
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
b	If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?		7b	

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).**

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
Susan Haack 471 East Broad ST Columbus, OH 43215	Trustee-parttime	0		
David Kaufman 471 East Broad ST Columbus, OH 43215	Trustee-parttime	0		
Michael Wiseman 471 East Broad ST Columbus, OH 43215	Trustee-parttime	0		

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

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

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

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

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 NONE	
2	
3	
4	

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

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NONE	
2	
All other program-related investments See instructions	
3	
Total. Add lines 1 through 3	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	29,105
b	Average of monthly cash balances	1b	97,330
c	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	126,435
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	126,435
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see instructions)	4	1,897
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	124,538
6	Minimum investment return. Enter 5% of line 5	6	6,227

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	6,227
2a	Tax on investment income for 2014 from Part VI, line 5	2a	
b	Income tax for 2014. (This does not include the tax from Part VI)	2b	
c	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	6,227
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	6,227
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	6,227

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	844,671
b	Program-related investments—total from Part IX-B	1b	
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	844,671
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	844,671

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				6,227
2 Undistributed income, if any, as of the end of 2014:				
a Enter amount for 2013 only			0	
b Total for prior years. 20 ____, 20 ____, 20 ____				
3 Excess distributions carryover, if any, to 2014:				
a From 2009	476,358			
b From 2010	486,914			
c From 2011	484,156			
d From 2012	308,822			
e From 2013	1,104,637			
f Total of lines 3a through e	2,860,887			
4 Qualifying distributions for 2014 from Part XII, line 4 ▶ \$ 844,671:				
a Applied to 2013, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see instructions)				
c Treated as distributions out of corpus (Election required—see instructions)				
d Applied to 2014 distributable amount				6,227
e Remaining amount distributed out of corpus	838,444			
5 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a).)				
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	3,699,331			
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				
d Subtract line 6c from line 6b. Taxable amount—see instructions				
e Undistributed income for 2013. Subtract line 4a from line 2a. Taxable amount—see instructions			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)				
8 Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions)	476,358			
9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a	3,222,973			
10 Analysis of line 9:				
a Excess from 2010	486,914			
b Excess from 2011	484,156			
c Excess from 2012	308,822			
d Excess from 2013	1,104,637			
e Excess from 2014	838,444			

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)**N/A**

- 1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2014, enter the date of the ruling ▶

☐ 4942(j)(3) or ☐ 4942(j)(5)

- 2a** Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

Tax year	Prior 3 years			(e) Total
	(a) 2014	(b) 2013	(c) 2012	(d) 2011
				0
b 85% of line 2a				0
c Qualifying distributions from Part XII, line 4 for each year listed				0
d Amounts included in line 2c not used directly for active conduct of exempt activities				0
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c				0
3 Complete 3a, b, or c for the alternative test relied upon:				
a "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 listed				0
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 section 4942(j)(3)(B)(iii)				0
(3) Largest amount of support from an exempt organization				0
(4) Gross investment income				0

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)**1 Information Regarding Foundation Managers:**

- a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2).)

NONE

- b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

NONE

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

- a** The name, address, and telephone number or e-mail address of the person to whom applications should be addressed

David Kaufman, Motorists Ins Grp Fdn 471 East Broad ST Columbus, OH 43215 614-225-3861

- b** The form in which applications should be submitted and information and materials they should include.

Letter, purpose of funds, amount requested, contact name and phone number

- c** Any submission deadlines:

NONE

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

Limited to exempt organizations

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

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
a Paid during the year				
Ronald McDonald House Charities of Central Ohio 574 S 18th St Columbus, OH 43205		POF	Annual operations	200,000
The Ohio State University Foundation 600 Ackerman RD PO Box 183112 Columbus, OH 43218		POF	Annual operations	10,000
United Way of Central Ohio 360 S Third ST Columbus, OH 43215		POF	Annual operations	10,000
Komen Breast Cancer Foundation; Columbus Affiliate 855 Grandview Columbus, OH 43215		POF	Annual operations	1,500
Gamma Iota Sigma PO Box 356 Yardley, PA 19067		POF	Annual operations	1,000
Special Olympics Wisconsin 59 Monona DR #301 Madison, WI 53716		POF	Annual operations	395
Simon Kenton Boy Scouts Council 1901 E Dublin Granville RD Columbus, OH 43229		POF	Annual operations	1,500
Creative Living 150 W 10th Ave Columbus, OH 43201		POF	Annual operations	1,000
American Red Cross 995 E Broad ST Columbus, OH 43205		POF	Annual operations	1,000
National Brain Tumor Society 55 Chapel ST Newton, MA 02458		POF	Annual operations	100
Junior Achievement of Illinois 800 12th Ave Moline, IL 61265		POF	Annual operations	1,700
Total . . . See Attached Statement			3a	844,671
b Approved for future payment				
Ronald McDonald House Charities of Central Ohio 574 South 18th Street Columbus, OH 43215		POF	Annual operations	600,000
Columbus Metropolitan Library Foundation 96 South Grant Street Columbus, OH 43215		POF	Annual operations	150,000
The Ohio State University 2400 Olentangy River Road, 10th Floor Columbus, OH 43210		POF	Annual operations	900,000
Columbus Museum of Art 480 East Broad Street Columbus, OH 43215		POF	Annual operations	200,000
TechColumbus 1275 Kinnear Road Columbus, OH 43212		POF	Annual operations	10,000
Total			3b	1,860,000

Enter gross amounts unless otherwise indicated

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

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instructions)

[illegible]

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2014

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

Name of the organization

The Motorists Insurance Group Foundation FKA The Motorists Insurance Companies Foundation

Employer identification number

31-1712343

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 foundation

Check 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).

Name of organization

The Motorists Insurance Group Foundation FKA The Motorists Insurance Companies Foundation

Employer identification number

31-1712343

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	see attached statement ----- ----- Foreign State or Province ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-----	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-----	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-----	----- ----- Foreign State or Province ----- Foreign Country -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-----	----- ----- Foreign State or Province ----- Foreign Country -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-----	----- ----- Foreign State or Province ----- Foreign Country -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-----	----- ----- Foreign State or Province ----- Foreign Country -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-----	----- ----- Foreign State or Province ----- Foreign Country -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Name of organization

The Motorists Insurance Group Foundation FKA The Motorists Insurance Companies Foundation

Employer identification number

31-1712343

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
-----	----- ----- ----- -----	\$ -----	-----
(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
-----	----- ----- ----- -----	\$ -----	-----
(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
-----	----- ----- ----- -----	\$ -----	-----

Name of organization The Motorists Insurance Group Foundation FKA The Motorists Insurance Companies Foundation	Employer identification number 31-1712343
--	---

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 information once See instructions) ▶ \$ 0

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
	----- ----- -----		----- ----- -----
	For Prov. -----	Country -----	
(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
	----- ----- -----		----- ----- -----
	For Prov. -----	Country -----	
(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
	----- ----- -----		----- ----- -----
	For Prov. -----	Country -----	
(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
	----- ----- -----		----- ----- -----
	For Prov. -----	Country -----	

Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year

Recipient(s) paid during the year

Name

Ohio Cancer Research Associates

Street

50 W Broad ST

City

Columbus

State

OH

Zip Code

43215

Foreign Country**Relationship****Foundation Status**

POF

Purpose of grant/contribution

Annual operations

Amount

25,000

Name

Ruling Our Experiences, Inc

Street

1335 Dublin RD #18A

City

Columbus

State

OH

Zip Code

43215

Foreign Country**Relationship****Foundation Status**

POF

Purpose of grant/contribution

Annual operations

Amount

500

Name

Ohio Cancer Research Associates

Street

50 W Broad ST

City

Columbus

State

OH

Zip Code

43215

Foreign Country**Relationship****Foundation Status**

POF

Purpose of grant/contribution

Annual operations

Amount

5,000

Name

Alzheimer's Association of Central Ohio

Street

3380 Tremont RD

City

Columbus

State

OH

Zip Code

43221

Foreign Country**Relationship****Foundation Status**

POF

Purpose of grant/contribution

Annual operations

Amount

2,500

Name

Iowa College Foundation

Street

505 5th Ave #1034

City

Des Moines

State

IA

Zip Code

50309

Foreign Country**Relationship****Foundation Status**

POF

Purpose of grant/contribution

Annual operations

Amount

2,750

Name

Law Enforcement Foundation

Street

6277 Riverside DR #2N

City

Dublin

State

OH

Zip Code

43017

Foreign Country**Relationship****Foundation Status**

POF

Purpose of grant/contribution

Annual operations

Amount

10,000

Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year

Recipient(s) paid during the year

Name

The Ohio State University Foundation-Building Healthy Academic Communities Fund

Street

1585 Neil Ave

City

Columbus

State

OH

Zip Code

43210

Foreign Country**Relationship****Foundation Status**

POF

Purpose of grant/contribution

Annual operations

Amount

1,000

Name

Make A Wish Foundation

Street

2545 Farmers DR #300

City

Columbus

State

OH

Zip Code

43235

Foreign Country**Relationship****Foundation Status**

POF

Purpose of grant/contribution

Annual operations

Amount

1,000

Name

Exponent Philanthropy

Street

PO Box 247

City

Winooski

State

VT

Zip Code

05404

Foreign Country**Relationship****Foundation Status**

POF

Purpose of grant/contribution

Annual operations

Amount

725

Name

Creative Living

Street

150 West 10th Ave

City

Columbus

State

OH

Zip Code

43201

Foreign Country**Relationship****Foundation Status**

POF

Purpose of grant/contribution

Annual operations

Amount

500

Name

Columbus State Community College

Street

550 E Spring St

City

Columbus

State

OH

Zip Code

43216

Foreign Country**Relationship****Foundation Status**

POF

Purpose of grant/contribution

Annual operations

Amount

2,000

Name

The Ohio State University

Street

2400 Olentangy River RD 10th fl

City

Columbus

State

OH

Zip Code

43210

Foreign Country**Relationship****Foundation Status**

POF

Purpose of grant/contribution

Annual operations

Amount

150,000

Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year

Recipient(s) paid during the year

Name

Future Possibilities; Inc

Street

7925 Greenside LN

City

Columbus

State

OH

Zip Code

43235

Foreign Country**Relationship****Foundation Status**

POF

Purpose of grant/contribution

Annual operations

Amount

2,500

Name

Muscular Dystrophy Association

Street

3300 E Sunrise DR

City

Tucson

State

AZ

Zip Code

85718

Foreign Country**Relationship****Foundation Status**

POF

Purpose of grant/contribution

Annual operations

Amount

500

Name

Heidelberg University

Street

310 E Market ST

City

Tiffin

State

OH

Zip Code

44883

Foreign Country**Relationship****Foundation Status**

POF

Purpose of grant/contribution

Annual operations

Amount

5,000

Name

New Albany Community Foundation

Street

220 Market ST

City

New Albany

State

OH

Zip Code

43054

Foreign Country**Relationship****Foundation Status**

POF

Purpose of grant/contribution

Annual operations

Amount

5,000

Name

Ryan E. Miller Memorial Scholarship Fund

Street

416 Olympia Fields Ct

City

Gahanna

State

OH

Zip Code

43230

Foreign Country**Relationship****Foundation Status**

POF

Purpose of grant/contribution

Annual operations

Amount

250

Name

American Cancer Society

Street

870 Michigan Ave

City

Columbus

State

OH

Zip Code

43215

Foreign Country**Relationship****Foundation Status**

POF

Purpose of grant/contribution

Annual operations

Amount

5,000

Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year

Recipient(s) paid during the year

Name

Ruling Our Experiences, Inc

Street

1335 Dublin Rd #18A

City

Columbus

State

OH

Zip Code

43215

Foreign Country**Relationship****Foundation Status**

POF

Purpose of grant/contribution

Annual operations

Amount

1,000

Name

The Ohio State University

Street

2400 Olentangy River RD 5th fl

City

Columbus

State

OH

Zip Code

43210

Foreign Country**Relationship****Foundation Status**

POF

Purpose of grant/contribution

Annual operations

Amount

3,000

Name

Archie Griffin Scholarship Fund

Street

425 W Schrock RD #103

City

Columbus

State

OH

Zip Code

43081

Foreign Country**Relationship****Foundation Status**

POF

Purpose of grant/contribution

Annual operations

Amount

30,000

Name

Archie & Bonita Griffin Foundation

Street

1234 E Broad ST

City

Columbus

State

OH

Zip Code

43205

Foreign Country**Relationship****Foundation Status**

POF

Purpose of grant/contribution

Annual operations

Amount

30,000

Name

Columbus Museum of Art

Street

480 E Broad St

City

Columbus

State

OH

Zip Code

43215

Foreign Country**Relationship****Foundation Status**

POF

Purpose of grant/contribution

Annual operations

Amount

50,000

Name

Better Business Bureau Center for Character Ethics

Street

1169 Dublin RD

City

Columbus

State

OH

Zip Code

43215

Foreign Country**Relationship****Foundation Status**

POF

Purpose of grant/contribution

Annual operations

Amount

5,000

Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year

Recipient(s) paid during the year

Name

Junior Achievement of Central OH, Inc

Street

68 E 2nd Ave

City

Columbus

State

OH

Zip Code

43201

Foreign Country**Relationship****Foundation Status**

POF

Purpose of grant/contribution

Annual operations

Amount

5,000

Name

Cavaliers Youth Fund

Street

PO Box 5758

City

Cleveland

State

OH

Zip Code

44101

Foreign Country**Relationship****Foundation Status**

POF

Purpose of grant/contribution

Annual operations

Amount

8,000

Name

Ohio Foundation of Independent Colleges; Inc.

Street

250 E Broad ST #1700

City

Columbus

State

OH

Zip Code

43215

Foreign Country**Relationship****Foundation Status**

POF

Purpose of grant/contribution

Annual operations

Amount

3,500

Name

The Institutes' Development Fund

Street

720 Providence RD

City

Malvern

State

PA

Zip Code

19355

Foreign Country**Relationship****Foundation Status**

POF

Purpose of grant/contribution

Annual operations

Amount

5,199

Name

Columbus Metropolitan Library Foundation

Street

96 S Grant ST

City

Columbus

State

OH

Zip Code

43215

Foreign Country**Relationship****Foundation Status**

POF

Purpose of grant/contribution

Annual operations

Amount

2,500

Name

Central Ohio Diabetes Association

Street

1100 Dennison Ave

City

Columbus

State

OH

Zip Code

43201

Foreign Country**Relationship****Foundation Status**

POF

Purpose of grant/contribution

Annual operations

Amount

3,000

Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year

Recipient(s) paid during the year

Name

Ohio Humanities Council

Street

471 East Broad ST #1620

City

Columbus

State

OH

Zip Code

43215

Foreign Country**Relationship****Foundation Status**

POF

Purpose of grant/contribution

Annual operations

Amount

1,000

Name

The Ohio University Foundation

Street

West Union ST Office Ctr 168

City

Athens

State

OH

Zip Code

45701

Foreign Country**Relationship****Foundation Status**

POF

Purpose of grant/contribution

Annual operations

Amount

1,000

Name

The Ohio University Foundation

Street

West Union ST Office Ctr 168

City

Athens

State

OH

Zip Code

45701

Foreign Country**Relationship****Foundation Status**

POF

Purpose of grant/contribution

Annual operations

Amount

20,000

Name

Columbus Metropolitan Library Foundation

Street

96 S Grant ST

City

Columbus

State

OH

Zip Code

43215

Foreign Country**Relationship****Foundation Status**

POF

Purpose of grant/contribution

Annual operations

Amount

50,000

Name

TechColumbus

Street

1275 Kinnear RD

City

Columbus

State

OH

Zip Code

43212

Foreign Country**Relationship****Foundation Status**

POF

Purpose of grant/contribution

Annual operations

Amount

10,000

Name

United Way of Clinton County

Street

405 S Third ST

City

Clinton

State

IA

Zip Code

52732

Foreign Country**Relationship****Foundation Status**

POF

Purpose of grant/contribution

Annual operations

Amount

4,296

Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year

Recipient(s) paid during the year

Name

United Way of Central Ohio

Street

260 S Third ST

City

Columbus

State

OH

Zip Code

43215

Foreign Country**Relationship****Foundation Status**

POF

Purpose of grant/contribution

Annual operations

Amount

130,314

Name

United Way of Greater Dayton

Street

33 West First ST

City

Dayton

State

OH

Zip Code

45402

Foreign Country**Relationship****Foundation Status**

POF

Purpose of grant/contribution

Annual operations

Amount

4,858

Name

United Way of Greater Cincinnati

Street

2400 Reading RD

City

Cincinnati

State

OH

Zip Code

45202

Foreign Country**Relationship****Foundation Status**

POF

Purpose of grant/contribution

Annual operations

Amount

2,953

Name

United Way of Greater Cleveland

Street

1331 Euclid Ave

City

Cleveland

State

OH

Zip Code

44115

Foreign Country**Relationship****Foundation Status**

POF

Purpose of grant/contribution

Annual operations

Amount

2,529

Name

United Way of Summit County

Street

90 North Prospect ST

City

Akron

State

OH

Zip Code

44304

Foreign Country**Relationship****Foundation Status**

POF

Purpose of grant/contribution

Annual operations

Amount

3,434

Name

United Way of Allegheny County

Street

PO Box 735

City

Pittsburgh

State

PA

Zip Code

15230

Foreign Country**Relationship****Foundation Status**

POF

Purpose of grant/contribution

Annual operations

Amount

4,642

Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year

Recipient(s) paid during the year

Name

United Way of Merrimack County

Street

46 S Main ST

City

Concord

State

NH

Zip Code

03301

Foreign Country**Relationship****Foundation Status**

POF

Purpose of grant/contribution

Annual operations

Amount

1,304

Name

Greater Twin Cities United Way

Street

404 S Eighth ST

City

Minneapolis

State

MN

Zip Code

55404

Foreign Country**Relationship****Foundation Status**

POF

Purpose of grant/contribution

Annual operations

Amount

4,542

Name

UNITED WAY OF SHEBOYGAN COUNTY

Street

2020 Erie Ave

City

Sheboygan

State

WI

Zip Code

53081

Foreign Country**Relationship****Foundation Status**

POF

Purpose of grant/contribution

Annual operations

Amount

5,180

Name

ALS Association, Central & Southern Ohio Chapter

Street

1170 Old Henderson Rd #221

City

Columbus

State

OH

Zip Code

43220

Foreign Country**Relationship****Foundation Status**

POF

Purpose of grant/contribution

Annual operations

Amount

5,000

Name**Street****City****State****Zip Code****Foreign Country****Relationship****Foundation Status****Purpose of grant/contribution****Amount****Name****Street****City****State****Zip Code****Foreign Country****Relationship****Foundation Status****Purpose of grant/contribution****Amount**

	-2,589
	0
Gain	
Loss	-875
	-429
	85
	17
	-1,501
	239
	-610
	-88
	-207
	-117
	-21
	297
	174
	276
	122
	111
	-62

Part I, Line 16c (990-PF) - Other Professional Fees

		3,880	3,880	0	0
Description		Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes (Cash Basis Only)
1	Huntington Bank	103	103		
2	BNY Mellon	3,677	3,677		
3	Ohio Attorney General	100	100		

Part II, Line 10b (990-PF) - Investments - Corporate Stock

		59,309		59,309		59,309		8,595		8,930	
Description		Num Shares/ Face Value	Book Value Beg. of Year	Book Value End of Year	Book Value End of Year	FMV Beg of Year	FMV End of Year				
1	Citigroup	165	59,309	59,309	59,309	8,595	8,930				

Part IV (990-PF) - Capital Gains and Losses for Tax on Investment Income

Description of Property Sold	CUSIP #	Acquisition Method	Date Acquired	Date Sold	Gross Sales Price	Depreciation Allowed	Adjustments	Cost or Other Basis Plus Expense of Sale	Gain or Loss	FMV as of 12/31/69	Adjusted Basis as of 12/31/69	Excess of FMV Over Adj Basis	Gains Minus Excess of FMV Over Adjusted Basis or Losses
Long Term CG Distributions	0				758,400		0	0	760,989	-2,589	0	0	-2,589
Short Term CG Distributions	0												
1 Biogen	09462x103	D	3/4/2014	3/7/2014	229,511			230,386	-875		0	0	-875
2 Expedia	30212p303	D	3/4/2014	3/7/2014	21,585			22,014	-429		0	0	-429
3 Amgen	031162100	D	9/7/2014	9/8/2014	26,987			26,902	85		0	0	85
4 Amphelco Corp	032055101	D	9/7/2014	9/8/2014	32,767			32,750	17		0	0	17
5 Apple	037833100	D	9/7/2014	9/8/2014	35,274			36,775	-1,501		0	0	-1,501
6 CVS Health	126630100	D	9/7/2014	9/8/2014	38,031			37,792	239		0	0	239
7 Celgene Corp	151020104	D	9/7/2014	9/8/2014	60,533			61,143	-610		0	0	-610
8 Walt Disney	254687106	D	9/7/2014	9/8/2014	46,946			47,034	-88		0	0	-88
9 Ford Motor	345370860	D	9/7/2014	9/8/2014	19,324			19,131	-207		0	0	-207
10 Halliburton	406216101	D	9/7/2014	9/8/2014	23,167			23,284	-117		0	0	-117
11 Honeywell International	438516106	D	9/7/2014	9/8/2014	47,729			47,750	-21		0	0	-21
12 Marathon Petroleum	56858a102	D	9/7/2014	9/8/2014	17,841			17,544	297		0	0	297
13 Phillips 66	718546104	D	9/7/2014	9/8/2014	42,780			42,606	174		0	0	174
14 Ross Stores	778236103	D	9/7/2014	9/8/2014	25,507			25,231	276		0	0	276
15 Sherwin Williams Co	821348106	D	9/7/2014	9/8/2014	36,891			36,769	122		0	0	122
16 US Bancorp	902973304	D	9/7/2014	9/8/2014	40,056			39,945	111		0	0	111
17 WPX Energy Inc	98212b103	D	9/7/2014	9/8/2014	13,871			13,933	-62		0	0	-62

Part VII-A, Line 8b (990-PF) - Copy of Form 990-PF to Attorney General

Ohio Attorney General requires an online verification of the filing with the Internal Revenue Service along with payment of a fee

Part VII-A, Line 10 (990-PF) - Substantial Contributors

Name		Check "X" if Business	Street	City	State	Zip Code	Foreign Country
1	Motorists Mutual Insurance Compa	X	471 East Broad ST	Columbus	OH	43215	

Part VIII, Line 1 (990-PF) - Compensation of Officers, Directors, Trustees and Foundation Managers

	Name	Check "X" if Business	Street	City	State	Zip Code	Foreign Country	Title	Avg Hrs Per Week	Compensation	Benefits	Expense Account
1	Susan Haack		471 East Broad ST	Columbus	OH	43215		Trustee-parttime		0	0	0
2	David Kaufman		471 East Broad ST	Columbus	OH	43215		Trustee-parttime		0	0	0
3	Michael Wiseman		471 East Broad ST	Columbus	OH	43215		Trustee-parttime		0	0	0

The Motonsts Insurance Group Foundation FKA
The Motonsts Insurance Companies Foundation
Trust EIN 31-1712343

Form 990PF, Part I, page 1, line 1, Tax Year Revenue CONTRIBUTIONS, GIFTS, GRANTS

<u>Contributor</u>	<u>Contribution Date</u>	<u>Cusip</u>	<u>Shares</u>	<u>Property Contributed</u>	<u>Cost Basis</u>	<u>FMV at time of Donation</u>
Motonsts Mutual Insurance Company 471 East Broad ST Columbus OH 43216	03/04/14	09062x103	670	Biogen Idec	48,378	229,511
Motonsts Mutual Insurance Company 471 East Broad ST Columbus OH 43216	03/04/14	30212p303	280	Expedia	2,249	21,585
Motonsts Mutual Insurance Company 471 East Broad ST Columbus OH 43216	09/09/14	31162100	195	Amgen	10,867	26,987
Motonsts Mutual Insurance Company 471 East Broad ST Columbus OH 43216	09/09/14	32095101	314	Amphenol Corp	15,696	32,767
Motonsts Mutual Insurance Company 471 East Broad ST Columbus OH 43216	09/09/14	37833100	356	Apple Inc	9,424	35,274
Motonsts Mutual Insurance Company 471 East Broad ST Columbus OH 43216	09/09/14	126650100	474	CVS Health Crop	16,097	38,031
Motonsts Mutual Insurance Company 471 East Broad ST Columbus OH 43216	09/09/14	151020104	643	Celegene Corp	17,001	60,533
Motonsts Mutual Insurance Company 471 East Broad ST Columbus OH 43216	09/09/14	254687106	518	Walt Disney	17,503	46,946
Motonsts Mutual Insurance Company 471 East Broad ST Columbus OH 43216	09/09/14	345370860	1087	Ford Motor	2,489	18,924
Motonsts Mutual Insurance Company 471 East Broad ST Columbus OH 43216	09/09/14	406216101	345	Halliburton	10,805	23,167
Motonsts Mutual Insurance Company 471 East Broad ST Columbus OH 43216	09/09/14	438516106	500	Honeywell Internatic	12,008	47,729
Motonsts Mutual Insurance Company 471 East Broad ST Columbus OH 43216	09/09/14	56585a102	196	Marathon Petroleurr	4,037	17,841
Motonsts Mutual Insurance Company 471 East Broad ST Columbus OH 43216	09/09/14	718546104	490	Phillips 66	13,684	42,780
Motonsts Mutual Insurance Company 471 East Broad ST Columbus OH 43216	09/09/14	778296103	333	Ross Stores	10,603	25,507
Motonsts Mutual Insurance Company 471 East Broad ST Columbus OH 43216	09/09/14	824348106	169	Sherwin Williams Cr	11,979	36,891
Motonsts Mutual Insurance Company 471 East Broad ST Columbus OH 43216	09/09/14	902973304	945	US Bancorp	20,690	40,056
Motonsts Mutual Insurance Company 471 East Broad ST Columbus OH 43216	09/09/14	98212b103	531	WPX Energy	8,335	13,871
Motonsts Mutual Insurance Company 471 East Broad ST Columbus OH 43216	12/30/14			Cash	50,450	50,450
				totals	282,294	808,851

Form 990PF, Part II, page 2, line 10b, Balance Sheet INVESTMENTS - CORPORATE STOCK

<u>Contribution Date</u>	<u>Cusip</u>	<u>Shares</u>	<u>Property Contributed</u>	<u>Book Value</u>	<u>Fair Mkt Value</u>
11/17/06	172967101	165	Citigroup	59,309	8,930
			totals	59,309	8,930

Form 990PF, Part VII-A, page 4, Line 8b

The Foundation is registered with the State of Ohio and completes a yearly filing