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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.

Open to Public Inspection

| For  | calend         | ar year 2014 or tax year beginning  | 9  |                       | , 20  |   |                                     |  |
|--|----------------|---|--|-----------------------|---|---|-------------------------------------|--|
|  |                | oundation IOWA AUTOMOTIVE HERITAGE FOUNDATION   |  | <u> </u>              | A Employer identification number                    |   |                                     |  |
| 140  | anne on ic     | aka DES MOINES CONCOURS D'ELEGANCE  |  |                       |   | 46-4405298  |                                     |  |
|  | ımbar aı       | nd street (or PO box number if mail is not delivered to street address)                       |  | Room/suite            |   | number (see instructions)                                 |                                     |  |
|  |                | 13322   |  | 200                   | (515)24   | •   |                                     |  |
|  |                | n, state or province, country, and ZIP or foreign postal code                                 | L.   |                       |   |   | shoek hass                          |  |
|  | -              |   |  |                       | C if exemption                                      | on application is pending,                                | check here                          |  |
|  |                | INES, IA 50310 Ill that apply Initial return Initial return                                   | f a former public charity D 1. Foreign organizations, check here |                       |   |   | ▶□                                  |  |
| <b>G</b> (                                     | JIIECK a       | Final return Amended ret  |  |                       | i. Toleigi  | organizations, on our more                                | ° ⊔                                 |  |
|  |                | Address change Name change  |  | ~7                    | 2. Foreigr  | organizations meeting th                                  | e 85% test,                         |  |
|  | 2h a ale 6     | ype of organization X Section 501(c)(3) exempt priva  |  | <del>- () -&gt;</del> |   | nere and attach computation                               |                                     |  |
| "  |                |   | axable private founda  | ation                 | E If private foundation status was terminated under |   |                                     |  |
|  |                |   | Cash X   |                       | section 507(b)(1)(A), check here                    |   |                                     |  |
|  |                | rket value of all assets at J Accounting method lear (from Part II, col. (c), Other (specify) | Casii Z  | Accidal               | 1   | dation is in a 60-month tel<br>tion 507(b)(1)(B), check h | <b>▶</b>                            |  |
|  |                |   | on each bosis \  |                       | under sec   | (IOI) 307 (D)(1)(D), CHECK II                             |                                     |  |
|  | ine 16)        |   | on cash basis )  | <del></del>           | <u>.                                      </u>      |   | 400                                 |  |
| Pa   | art I          | Analysis of Revenue and Expenses (The total of  | (a) Revenue and  | (b) Net               | investment  | (c) Adjusted net  | (d) Disbursements<br>for charitable |  |
|  |                | amounts in columns (b), (c), and (d) may not necessarily equal                                | expenses per<br>books  |                       | come  | income  | purposes<br>(cash basis only)       |  |
| <u>ත</u>                                       | Ι.             | the amounts in column (a) (see instructions) )  |  | <del>_</del>          |   |   | (casii basis biliy)                 |  |
| 2016   |                | Contributions, gifts, grants, etc , received (attach schedule)                                | 80,35  | 3                     |   |   |                                     |  |
| 63   | 1              | Check ► if the foundation is <b>not</b> required to attach Sch                                | undation is <b>not</b> required to attach Sch                    |                       |   |   |                                     |  |
| •  | 3              | Interest on savings and temporary cash investment   |  |                       |   |   |                                     |  |
|  | 4              | Dividends and interest from securities · · · · ·  |  |                       |   |   |                                     |  |
| FEB  | 5a             | Gross rents · · · · · · · · · · · · · · · · · · ·   |  |                       |   |   |                                     |  |
| -  | b              | Net rental income or (loss)   |  | <del></del>           |   | -   |                                     |  |
| <u></u>  | 6a             | Net gain or (loss) from sale of assets not on line 10 · · · · ·                               | <del></del>  |                       |   |   | <del>-</del>                        |  |
| SCANNED<br>Revenue                             | b              | Gross sales price for all assets on line 6a   |  |                       |   |   |                                     |  |
|  | 7              | Capital gain net income (from Part IV, line 2)  |  |                       |   |   |                                     |  |
| ₹X   | 8              | Net short-term capital gain   |  |                       |   |   |                                     |  |
| ပ္က  | 9              | Income modifications  |  |                       |   |   |                                     |  |
| U)   | 10a            | Gross sales less returns and allowances · · · · 4,169   |  |                       |   |   |                                     |  |
|  | b              | Less Cost of goods sold · · · · · · · 2,107   |  |                       |   |   | . <u> </u>                          |  |
|  | С              | Gross profit or (loss) (attach schedule) · · · · · · STM102                                   | 2,06   | 52                    |   | 2,062   |                                     |  |
|  | 11             | Other income (attach schedule)  |  |                       |   |   |                                     |  |
|  | 12             | Total. Add lines 1 through 11   | 82,41  | .5                    | 0   | 2,062   |                                     |  |
| _  | 13             | Compensation of officers, directors, trustees, etc  |  |                       |   |   |                                     |  |
| Sesue  | 14             | Other employee salaries and wages   | <u>-</u>   |                       |   |   |                                     |  |
| Ĭ  | 15             | Pension plans, employee benefits  |  |                       |   |   |                                     |  |
| ⊆  | מג וגו         | Legal fees (attach schedule)  | h A  |                       |   |   |                                     |  |
| 5 L  | į              | Accounting fees (attach schedule)   | Keu C  |                       |   |   |                                     |  |
| 7 2  | c              | Other professional fees (attach schedule)   | , 2013   |                       |   |   |                                     |  |
| J JAIN 1 3 2010<br>Administrative Fx           | 17             | Interest  | NY   |                       |   | RECEIVED  |                                     |  |
| ֡֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֡֓֓֓֓֓֡֡֓֓֡֡֡֡ | 18             | Taxes (attach schedule) (see instructions)  | 0 '  |                       |   | VEOFIAED.   | <u>_</u> &                          |  |
| 4 U JAIN I 5 LUID                              | 19             | Depreciation (attach schedule) and depletion  |  |                       |   |   | O                                   |  |
| 2 5  | 20             | Occupancy   |  |                       | ( <del>  R</del>                                    | DEC 0 7 2015  | (A)                                 |  |
|  |                | Travel, conferences, and meetings   |  |                       |   |   | 10                                  |  |
| 4 4  | 22             | Printing and publications   |  |                       | 7-  | DODEN HE  | - <u>F</u>                          |  |
|  |                | Other expenses (attach schedule) · · · STM103 · · · ·   | 52,80  | 01                    |   |   |                                     |  |
| , i  | 24             | Total operating and administrative expenses.  |  |                       |   |   |                                     |  |
| J D 4 .  | <u> </u>       | Add lines 13 through 23 · · · · · · · · · · · · · · · · · ·                                   | 52,80  | 01                    | 0   |   | 0                                   |  |
| <u>ر</u> ج                                     | 23<br>24<br>25 | Contributions, gifts, grants paid   | 20,00  |                       |   |   | 0                                   |  |
| V  | 26             | Total expenses and disbursements. Add lines 24 and 25   | 72,80  |                       | 0   |   | 0                                   |  |
| *  | 27             | Subtract line 26 from line 12   | 1  |                       |   |   |                                     |  |
| )  | <br>  a        | Excess of revenue over expenses and disbursements .   | 9,6  | 14                    |   |   | l                                   |  |
|  | b              | Net investment income (if negative, enter -0-)  |  |                       | 0   |   |                                     |  |
|  | c              | Adjusted net income (if negative, enter -0-)  |  |                       |   | 2,062   |                                     |  |

| Da          | art II Balance Sheets Attached schedules and amounts in the description column Beginning of year Er |  | nd of year                            |                                       |                       |
|-------------|---|--|---------------------------------------|---------------------------------------|-----------------------|
| 1 0         |   | should be for end-of-year amounts only (See instructions )   | (a) Book Value                        | (b) Book Value                        | (c) Fair Market Value |
|             | 1   | Cash - non-interest-bearing  |                                       | 8,319                                 | 8,319                 |
|             | 2   | Savings and temporary cash investments   |                                       |                                       |                       |
|             | 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   |                                       |                                       |                       |
| ssets       | 8   | Inventories for sale or use  |                                       | 1,295                                 | 1,295                 |
| SS          | 9   | Prepaid expenses and deferred charges  |                                       |                                       |                       |
| ⋖           | 10a   | Investments - U S and state government obligations (attach schedule)   |                                       |                                       |                       |
|             | b   | Investments - corporate stock (attach schedule)  |                                       |                                       |                       |
|             | С   | Investments - corporate bonds (attach schedule)  |                                       |                                       |                       |
|             | 11  | Investments - land, buildings, and equipment basis   |                                       |                                       |                       |
|             |   | Less accumulated depreciation (attach schedule)  |                                       |                                       | <del></del>           |
|             | 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)   | 0                                     | 9,614                                 | 9,614                 |
|             | 17  | Accounts payable and accrued expenses  |                                       |                                       | _                     |
| S           | 18  | Grants payable   |                                       |                                       | $\dashv$              |
| <u>≓</u>    | 19  | Deferred revenue   |                                       |                                       |                       |
| Ē           | 20  | Loans from officers, directors, trustees, and other disqualified persons   | · · · · · · · · · · · · · · · · · · · |                                       | -                     |
| Liabilities | 21  | Mortgages and other notes payable (attach schedule)  |                                       |                                       | $\dashv$              |
|             | **  | Other liabilities (describe  |                                       |                                       | <del></del>           |
|             | 23  | Total liabilities (add lines 17 through 22)  | 0                                     | 0                                     | <u>'</u>              |
| S           | }   | Foundations that follow SFAS 117, check here · · · · · · ► X and complete lines 24 through 26 and lines 30 and 31. |                                       |                                       |                       |
| ances       | 24  | Unrestricted   |                                       | 9,614                                 |                       |
|             |   | Temporarily restricted   |                                       | 9,014                                 | -                     |
| or Fund Ba  | 26  | Permanently restricted   |                                       | · · · · · · · · · · · · · · · · · · · | 7                     |
| Б           | -"  | Foundations that do not follow SFAS 117, check here  |                                       |                                       |                       |
| Ξū          |   | and complete lines 27 through 31.  |                                       |                                       |                       |
| 9           | 27  | Capital stock, trust principal, or current funds   |                                       |                                       |                       |
| Ş           | 28  | Paid-in or capital surplus, or land, bldg , and equipment fund   |                                       |                                       |                       |
| Se          | 29  | Retained earnings, accumulated income, endowment, or other funds   |                                       |                                       |                       |
| Ä           | 30  | Total net assets or fund balances (see instructions)   | 0                                     | 9,614                                 |                       |
| Net Assets  | 31  | Total liabilities and net assets/fund balances (see  |                                       | •                                     | 7                     |
|             |   | instructions)  | 0                                     | 9,614                                 | <b>.</b>              |
| P           | art II  | Analysis of Changes in Net Assets or Fund Balance  | ces                                   |                                       |                       |
| 1           |   | net assets or fund balances at beginning of year - Part II, column (a), line                                       |                                       |                                       |                       |
|             | end-d   | of-year figure reported on prior year's return)  |                                       |                                       | <del></del>           |
|             |   | amount from Part I, line 27a   |                                       |                                       | <del></del>           |
|             |   | r increases not included in line 2 (itemize)   |                                       |                                       |                       |
|             |   | ines 1, 2, and 3   |                                       |                                       |                       |
|             |   |  |                                       |                                       |                       |
| 6           | Total   | net assets or fund balances at end of year (line 4 minus line 5) - Part II, co                                     | numn (b) line 30                      |                                       | 6 9 614               |

|   | AUTOMOTIVE HERITAGE F                          |                           |  | 46-440                      | 05298 Page 3                              |
|---|--|---------------------------|--|-----------------------------|---|
| Part IV   Capital Gains a   | nd Losses for Tax on Inve                      | estment Income            | <del>,</del>                                     |                             |   |
| (a) List and describe   | the kind(s) of property sold (e.g., real e     | estate,                   | (b) How acquired P-Purchase                      | (c) Date acquired           | (d) Date sold                             |
| <del></del>   | ouse, or common stock, 200 shs MLC             | Co)                       | D-Donation                                       | (mo , day, yr )             | (mo , day, yr )                           |
| <u> 1a</u>  |  |                           | <del>                                     </del> |                             |   |
|   |  |                           |  |                             |   |
| С   |  |                           |  |                             |   |
|   |  |                           |  |                             |   |
| 0   |  | _                         |  |                             | <u> </u>                                  |
| (e) Gross sales price   | (f) Depreciation allowed (or allowable)        | (g) Cost or o             | other basis<br>ise of sale                       |                             | ıın or (loss)<br>(f) mınus (g)            |
| a   |  |                           |  |                             |   |
| b   |  |                           |  |                             |   |
| С   |  |                           |  |                             |   |
| d   |  |                           |  |                             | <del></del>                               |
| <del></del>   | <del></del>                                    |                           |  |                             |   |
| e   |  | u the foundation on 1     | 12/24/60   |                             | <del></del>                               |
| Complete only for assets snowin   | ng gain in column (h) and owned b              | y the louridation on i    | 2/3//09  | (I) Gains (C                | ol (h) gain minus                         |
| (i) F M V as of 12/31/69  | (j) Adjusted basis<br>as of 12/31/69           | (k) Excess<br>over col (  |  | col (k), but no<br>Losses ( | ot less than -0-) or<br>from col (h))     |
| a   |  |                           |  |                             |   |
| b   |  |                           |  |                             |   |
| C   |  |                           |  |                             |   |
| d   |  |                           |  |                             |   |
| е   |  |                           |  |                             |   |
|   | f If gain a                                    | ilso enter in Part I, lin | ne 7   |                             |   |
| 2 Capital gain net income or (net   | canital loss)                                  | enter -0- in Part I, lin  | ſ  | 2                           |   |
| 2 Not object town contol corp or (le  | , ,,   | •                         | ic /   | <del>-</del>                |   |
| 3 Net short-term capital gain or (lo  | •  |                           | _  |                             |   |
| <u> </u>  | 3, column (c) (see instructions) If (          |                           | }  |                             |   |
|   |  |                           | N  | 3                           | <del></del>                               |
|   | der Section 4940(e) for R                      |                           |  |                             |   |
| (For optional use by domestic privat  | e foundations subject to the sectio            | n 4940(a) tax on net      | investment incom                                 | e )                         |   |
| 16 4040/d\/2\   | hio need blook                                 |                           |  |                             |   |
| If section 4940(d)(2) applies, leave t  | ilis part biank                                |                           |  |                             |   |
| Was the foundation liable for the sec   | ction 4942 tax on the distributable            | amount of any year in     | n the base period?                               | •                           | Yes No                                    |
| If "Yes," the foundation does not qua   |  |                           |  |                             |   |
| 1 Enter the appropriate amount in   |  |                           | e making any entri                               | es                          |   |
| (a)   |  |                           |  |                             | (d)                                       |
| Base period years   | (b) Adjusted qualifying distribution           | ons Net value of          | (c)<br>noncharitable-use a                       | ssets Cool (b               | stribution ratio<br>) divided by col (c)) |
| Calendar year (or tax year beginning  | <u>"", "", "", "", "", "", "", "", "", "",</u> |                           |  | (00) (0                     | divided by cor (c))                       |
| 2013  |  |                           |  | -                           |   |
| 2012  |  |                           |  |                             |   |
| 2011  |  |                           |  |                             |   |
| 2010  |  |                           |  |                             | <u> </u>                                  |
| 2009  |  |                           |  |                             |   |
|   |  |                           |  |                             |   |
| 2 Total of line 1, column (d)   |  |                           |  | 2                           |   |
| 3 Average distribution ratio for the  |  |                           |  |                             |   |
| <u> </u>  | has been in existence if less than             | -                         |  | 3                           |   |
| number of years the foundation  | That been in existence in less than            | 0 ,00.0                   |  |                             |   |
| 4 Fatantha anti-alia afaaalaat  | abla was assets for 2014 from Don              | 4 V line E                |  | 4                           |   |
| 4 Enter the net value of noncharit  | able-use assets for 2014 from Par              | tx, lines · · ·           |  | 4                           |   |
|   |  |                           |  |                             |   |
| 5 Multiply line 4 by line 3 · · ·   |  |                           |  | 5                           | 0   |
|   |  |                           |  |                             |   |
| 6 Enter 1% of net investment inco   | ome (1% of Part I, line 27b)                   | . <b></b> .               |  | 6                           |   |
|   |  |                           |  |                             |   |
| 7 Add lines 5 and 6   |  |                           |  | 7                           | 0   |
| , Add in to baile of the terms |  |                           |  |                             |   |
| O Fatas avallénce distallate (C.  | on Dark VII. line 4                            |                           |  | 8                           |   |
| 8 Enter qualifying distributions fro  |  |                           |  |                             |   |
|   | an line 7, check the box in Part VI,           | ווחe מד, and complet      | te that part using a                             | 1 1% tax rate See th        | e   |
| Part VI instructions  |  |                           |  |                             |   |

| here   | 1 01111  | Form 990-PF (2014) IOWA AUTOMOTIVE HERITAGE FOUNDATION 46-440529  |               |          |    |  |  |
|--|--|---|---------------|----------|----|--|--|
| 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  | Par  | t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see ins                  | struction     | s)       |    |  |  |
| b Domestic foundations that meet the section 4940(e) requirements in Part V, check here  | 1a   | Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1                |               |          |    |  |  |
| here   |  | Date of ruling or determination letter (attach copy of letter if necessary-see instructions)                      |               |          |    |  |  |
| c All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, cot (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   | b  | Domestic foundations that meet the section 4940(e) requirements in Part V, check                                  |               |          | 0  |  |  |
| Part I, line 12, col (b)  2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)   |  | here ▶ ☐ and enter 1% of Part I, line 27b · · · · · · · · · · · · · · · · · · ·                                   |               |          |    |  |  |
| 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 3 Add lines 1 and 2   | С  | All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of                      |               |          |    |  |  |
| Add lines 1 and 2  Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)  Tax based on investment income. Subtract line 4 from line 3 if zero or less, enter -0-  Credits/Payments.  2014 estimated tax payments and 2013 overpayment credited to 2014  b Exempt foreign organizations - tax withheld at source  Tax paid with application for extension of time to file (Form 8868)  Backup withholding erroneously withheld  Total credits and payments. Add lines 6 a through 6d  Total credits and payments. Add lines 6 a through 6d  Total credits and payments. Add lines 6 a through 6d  Total credits and payments. For underpayment of estimated tax Check here for a strate of the strate    |  | Part I, line 12, coi (b)  |               |          |    |  |  |
| Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)  Tax based on investment income. Subtract line 4 from line 3 if zero or less, enter -0-  Credits/Payments.  2014 estimated tax payments and 2013 overpayment credited to 2014  Becempt foreign organizations - tax withheld at source   | 2  | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)          |               |          | 0  |  |  |
| 5 Tax based on investment income. Subtract line 4 from line 3   f zero or less, enter -0- 6 Credits/Payments. a 2014 estimated tax payments and 2013 overpayment credited to 2014   6a   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 8 Enter any penalty for underpayment of estimated tax Check here   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   10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid   10   11 Enter the amount of line 10 to be Credited to 2015 estimated tax   Refunded   11   11 Enter the amount of line 10 to be Credited to 2015 estimated tax   Refunded   11   11 Enter time are a year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?   1a   X   10 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?   1a   X   10 Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)?   1b   X   15 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   1c   X   16 Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation file Form 1120-POL for this year?   1c   X   16 Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation managers   \$   \$   16 Enter the amount (if any) of tax on political expenditures (section 4955) imposed during  |  |   |               |          |    |  |  |
| 5 Tax based on investment income. Subtract line 4 from line 3   f zero or less, enter -0- 6 Credits/Payments. a 2014 estimated tax payments and 2013 overpayment credited to 2014   6a   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 8 Enter any penalty for underpayment of estimated tax Check here   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   10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid   10   11 Enter the amount of line 10 to be Credited to 2015 estimated tax   Refunded   11   11 Enter the amount of line 10 to be Credited to 2015 estimated tax   Refunded   11   11 Enter time are a year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?   1a   X   10 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?   1a   X   10 Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)?   1b   X   15 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   1c   X   16 Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation file Form 1120-POL for this year?   1c   X   16 Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation managers   \$   \$   16 Enter the amount (if any) of tax on political expenditures (section 4955) imposed during  | 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others 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  ferror 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 12 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? 10 Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)? 13 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 10 Did the foundation file Form 1120-POL for this year? 11 C X 12 Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year 13 (1) On the foundation 14 Statements (if any) paid by the foundation during the year for political expenditure tax imposed on foundation engaged in any activities that have not previously been reported to the IRS? 2 Has the foundation description of the activities  | 6  | Credits/Payments.   |               |          |    |  |  |
| 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  ferror 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 12 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? 10 Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)? 13 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 10 Did the foundation file Form 1120-POL for this year? 11 C X 12 Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year 13 (1) On the foundation 14 Statements (if any) paid by the foundation during the year for political expenditure tax imposed on foundation engaged in any activities that have not previously been reported to the IRS? 2 Has the foundation description of the activities  | а  | 2014 estimated tax payments and 2013 overpayment credited to 2014   |               |          |    |  |  |
| c Tax paid with application for extension of time to file (Form 8868) 6c 6d 70 8ackup withholding erroneously withheld 6d 70 8ackup withholding erroneously withheld 6d 70 8ackup withholding erroneously withheld 7ackuping 6d 7ackuping 6d 7ackuping 6d 7ackuping 6d 7ackuping 6d 7ackuping 6d 8ackup withholding erroneously withheld 7ackuping 6d 7ackuping 6d 7ackuping 6d 8ackuping 6d 8   | b  |   |               |          |    |  |  |
| 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   | С  |   |               |          |    |  |  |
| 7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here  | d  |   |               |          |    |  |  |
| 8 Enter any penalty for underpayment of estimated tax. Check here  | 7  |   |               |          |    |  |  |
| 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  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?  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?  1a X  b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)?  1a 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  1b 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  1c X  1c X  1c X  1d X  If "Yes Not Yes Yes Ye  |  | Enter any penalty for underpayment of estimated tax. Check here I if Form 2220 is attached 8                      | -             |          |    |  |  |
| Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid  Inter the amount of line 10 to be Credited to 2015 estimated tax  Refunded  Note: The semiount of line 10 to be Credited to 2015 estimated tax  Refunded  Note: Refunded  Note: The semiound of line 10 to be Credited to 2015 estimated tax  Refunded  Note: Refunded  Note: The semiound of line 10 to be Credited to 2015 estimated tax  Refunded  Note: Refunded  Note: The semiound of line 10 to be Credited to 2015 estimated tax  Refunded  Note: Refunded  Note: The semiound of line 10 to be Credited to 2015 estimated tax  Refunded  Note: Refunded  Note: The semiound of line 10 to be Credited to 2015 estimated tax  Note: The semiound of   |  |   |               |          |    |  |  |
| Enter the amount of line 10 to be Credited to 2015 estimated tax   |  |   |               |          |    |  |  |
| 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?  |  |   |               |          |    |  |  |
| 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?   |  |   | , <del></del> |          |    |  |  |
| participate or intervene in any political campaign?  | <u> </u>   |   |               | Yes      | No |  |  |
| b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)?  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?  d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year  (1) On the foundation  \$\Bigsim \Bigsim \Bigsi |  | participate or intervene in any political campaign?   | . 1a          |          | X  |  |  |
| Instructions for the definition)?  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?  C Did the foundation file For   | b  |   |               |          |    |  |  |
| 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?   | -  |   |               |          |    |  |  |
| published or distributed by the foundation in connection with the activities  c Did the foundation file Form 1120-POL for this year?   |  | ······································  |               |          |    |  |  |
| c Did the foundation file Form 1120-POL for this year?   |  | published or distributed by the foundation in connection with the activities                                      |               |          |    |  |  |
| d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year  (1) On the foundation  (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers    Has the foundation engaged in any activities that have not previously been reported to the IRS?    If "Yes," attach a detailed description of the activities   | С  |   |               |          |    |  |  |
| (1) On the foundation   \$ (2) On foundation managers   \$    e  | d  | ——————————————————————————————————————  |               |          |    |  |  |
| e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers    S  | -  |   |               |          |    |  |  |
| on foundation managers \$  2 Has the foundation engaged in any activities that have not previously been reported to the IRS?   | e  | · · · · · · · · · · · · · · · · · · ·   |               |          |    |  |  |
| 2 Has the foundation engaged in any activities that have not previously been reported to the IRS?  | ·  |   |               |          |    |  |  |
| If "Yes," attach a detailed description of the activities  | 2  |   | . 2           |          | Х  |  |  |
| ·  | _  |   |               |          |    |  |  |
| 3 Has the topograpion made any changes, not previously reported to the INS. In its doverning institution, divides of   | 3  | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of |               |          |    |  |  |
|  | •  |   | . 3           |          | Х  |  |  |
|  | <b>4</b> a   |   | . 4a          |          | X  |  |  |
| b If "Yes," has it filed a tax return on Form 990-T for this year?   |  |   | . 4b          |          |    |  |  |
|  |  |   | . 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   | 6  |   | ,             |          |    |  |  |
| 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  |  |   | . 6           | x        | İ  |  |  |
| 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  | 7  |   |               |          |    |  |  |
| 8a Enter the states to which the foundation reports or with which it is registered (see instructions)  | _  |   |               |          |    |  |  |
| The Line and Control to the foundation reports of that this registered (see mended to)   | Ja   | Enter the states to million and touristation reports of man million and registered (see interesting)              |               |          |    |  |  |
| b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General   | h  | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General      | -             |          |    |  |  |
|  | D  |   | 52 8b         |          | X  |  |  |
| 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or  | ۵  |   | ~~   <u></u>  |          | 1  |  |  |
| 4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes,"   | 3  |   |               |          |    |  |  |
| complete Part XIV  |  |   | . 9           | Ιx       |    |  |  |
| 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their  | 10   |   |               | <u> </u> | 1  |  |  |
|  | .0   |   | . 10          |          | X  |  |  |

Page 4

| Form | 990-PF (2014) IOWA AUTOMOTIVE HERITAGE FOUNDATION 46-4  | 405298      | F   | age 5          |
|------|---|-------------|-----|----------------|
| Pai  | rt 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          |     | Х              |
| 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          |     | Х              |
| 13   | Did the foundation comply with the public inspection requirements for its annual returns and exemption application?   | 13          | Х   |                |
|      | Website address • www.DESMOINESCONCOURS.COM   | <u> </u>    |     | · —            |
| 14   |   | 15-244-2    | 111 |                |
|      |   | 0310        |     |                |
| 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   |             |     | لــا           |
| 16   | At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority   | L           | Yes | No             |
| 10   | over a bank, securities, or other financial account in a foreign country?   | 16          | 103 | X              |
|      | over a barni, eccarring, or early interior a constant   | 10          | L   | <u> </u>       |
|      | See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90 22 1) If   |             |     | 1              |
| Da   | "Yes," enter the name of the foreign country  rt VII-B   Statements Regarding Activities for Which Form 4720 May Be Required  |             |     |                |
| Га   |   | <del></del> |     |                |
|      | 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) Trightigo many come of community of the brack and an arrange of the brack and arrange of the  | No          | 1   | ĺ              |
|      | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a   |             |     |                |
|      |   | No          |     |                |
|      | (4) 1 4/1/10/19 30 10 10 10 10 10 10 10 10 10 10 10 10 10   | No          | ļ   |                |
|      | (4) (4) compensation (4) (4) page 12 page 13 pa | No          |     |                |
|      | (5) Transfer any income or assets to a disqualified person (or make any of either available for   | J           |     | ]              |
|      | the benefit or use of a disqualified person)? $\cdots \cdots   | No          |     |                |
|      | (6) Agree to pay money or property to a government official? (Exception. Check "No" if the  |             | 1   |                |
|      | 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 ) · · · · · · · · · · · · · · · · · ·  | 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)?   | 1b          |     | <u> </u>       |
|      | Organizations relying on a current notice regarding disaster assistance check here  |             |     |                |
| С    | 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))   |             |     |                |
| а    | 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? X Yes   | No          |     |                |
|      | If "Yes," list the years 2014 ,   |             | İ   |                |
| b    | Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)   |             |     |                |
|      | (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to  |             |     |                |
|      | all years listed, answer "No" and attach statement - see instructions )   | 2b          | 1   | X              |
| С    | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here   |             |     |                |
|      | <b>▶</b> 2014   |             |     |                |
| 3a   | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise   |             |     |                |
|      | at any time during the year?  | No          |     |                |
| b    |   | -           |     |                |
| 2    | disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the   | 1           | 1   | 1              |
|      | 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  |             |     | 1              |
|      |   | 2 h         | 1   | }              |
| 4-   | , , , , , , , , , , , , , , , , , , ,   | · · 3b      | +   | X              |
| 4a   | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?   | · ·   4a    | +   | <u> </u>       |
| Ь    | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its  | ۱           |     | \ <sub>V</sub> |
|      | charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014?  | · · _   4b  | 1   | X              |

Form 990-PF (2014)

|  | 990-PF (2014) IOWA AUTOMOTIVE HERI   |             |                               |            |                      |          | 46-4405                                  |          | Page 6                      |  |
|--|--|-------------|-------------------------------|------------|----------------------|----------|--|----------|-----------------------------|--|
| Par  | t VII-B   Statements Regarding Activitie   | s for V     | Nhich Forn                    | n 4720     | May Be               | Requir   | red (continued)                          |          |                             |  |
| 5a   | During the year did the foundation pay or incur any am   | ount to     |                               |            |                      | _        |  |          |                             |  |
|  | (1) Carry on propaganda, or otherwise attempt to influ   | ence leg    | jislation (sectio             | n 4945(e   | 9))?                 | · · · L  | _ Yes ∑ No                               |          |                             |  |
|  | (2) Influence the outcome of any specific public election  | on (see s   | section 4955), d              | or to carr | y on,                | _        |  |          |                             |  |
|  | directly or indirectly, any voter registration drive?  |             |                               |            |                      |          | Yes X No                                 |          |                             |  |
|  | (3) Provide a grant to an individual for travel, study, or   | other si    | mılar purposes                | ?          |                      | [        | Yes X No                                 |          |                             |  |
|  | (4) Provide a grant to an organization other than a cha  | arıtable, d | etc , organizati              | on descr   | ibed in              | _        |  |          |                             |  |
|  | section 4945(d)(4)(A)? (see instructions)  |             |                               |            |                      | [        | Yes X No                                 |          | .                           |  |
|  | (5) Provide for any purpose other than religious, chara  | table, sc   | ientific, literary,           | or educ    | ational              | _        |  |          |                             |  |
|  | purposes, or for the prevention of cruelty to children   | n or anii   | mals?                         |            |                      | [        | Yes X No                                 | 1 1      | . }                         |  |
| b  | If any answer is "Yes" to 5a(1)-(5), did any of the trans  | actions f   | fail to qualify ur            | nder the   | exceptions d         | escribed | ın                                       |          |                             |  |
|  | Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)?     |             |                               |            |                      |          |  |          |                             |  |
|  | Organizations relying on a current notice regarding dis  | aster as:   | sistance check                | here       |                      |          | ▶ 🔲                                      |          |                             |  |
| С  | If the answer is "Yes" to question 5a(4), does the found   | dation cla  | aım exemption                 | from the   | tax                  | _        |  |          |                             |  |
|  | because it maintained expenditure responsibility for the   | e grant?    |                               | <i></i>    |                      | [        | Yes No                                   | [ [      | . [                         |  |
|  | If "Yes," attach the statement required by Regulations   | section 5   | 3 4945-5(d)                   |            |                      |          |  |          |                             |  |
| 6a   | Did the foundation, during the year, receive any funds,  | directly    | or indirectly, to             | pay prer   | niums                | _        | <u>_</u>                                 |          |                             |  |
| on a personal benefit contract?  |  |             |                               |            |                      |          |  |          |                             |  |
| b  | Did the foundation, during the year, pay premiums, dire  | ectly or in | ndirectly, on a p             | personal   | benefit contr        | act?     | <del></del>                              | 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 X No |  |             |                               |            |                      |          |  |          |                             |  |
| b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?      |  |             |                               |            |                      |          | 7b                                       |          |                             |  |
| Pa   | Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees,   |             |                               |            |                      |          |  |          |                             |  |
|  | and Contractors  |             |                               |            |                      |          |  |          |                             |  |
| 1 1  | 1 List all officers, directors, trustees, foundation managers and their compensation (see instructions). |             |                               |            |                      |          |  |          |                             |  |
|  | (b) Title, and average (c) Compensation (d) Contributions to (e) Expense account,                        |             |                               |            |                      |          |  |          |                             |  |
| See  | (a) Name and address   |             | rs per week<br>ed to position |            | ot paid,<br>ter -0-) |          | oyee benefit plans<br>erred compensation | other    | other allowances            |  |
| PETI   | ER HEMKEN  | CHAIR       | MAN                           |            |                      |          |  |          |                             |  |
| PO I   | BOX 13322, DES MOINES, IA 50310  |             | 10.00                         |            | 0                    |          | 0  |          | 0                           |  |
| DAR  | YL METZGER   | VICE (      | ICE CHAIRMAN                  |            |                      |          |  |          |                             |  |
| PO 1   | BOX 13322, DES MOINES, IA 50310  | ]           | 10.00                         | <u> </u>   |                      | 0        |  | 0        |                             |  |
| GERI   | RY SCHNEPF   | SECRE'      | TARY                          |            |                      |          |  |          |                             |  |
| PO 1   | BOX 13322, DES MOINES, IA 50310  | Ļ           | 5.00                          |            | 0                    |          | 0  |          | 0                           |  |
| JOH  | N BURGESON   | TREAS       | URER                          |            |                      |          |  |          |                             |  |
| PO 1   | BOX 13322, DES MOINES, IA 50310  |             | 5.00                          |            | 0                    |          | 0  | _        | 0                           |  |
| 2 (  | Compensation of five highest-paid employees (other   | r than th   | ose included                  | on line    | 1 - see instr        | uctions  | ). If none, enter                        | _        |                             |  |
| •  | NONE."   |             |                               |            |                      |          |  |          |                             |  |
|  |  |             | (h) Title and                 |            |                      |          | (d) Contributions to                     |          |                             |  |
|  | (a) Name and address of each employee paid more than \$50.   | ,000        | (b) Title, and a hours per v  | veek       | (c) Compe            | nsation  | employee benefit plans and deferred      |          | ense account,<br>allowances |  |
|  |  |             | devoted to p                  | osition    |                      |          | compensation                             |          |                             |  |
| NON  | 2  |             |                               |            |                      |          |  |          |                             |  |
|  |  |             |                               |            |                      |          |  |          | _                           |  |
|  |  |             |                               |            |                      |          |  |          |                             |  |
|  |  |             |                               |            |                      |          |  |          |                             |  |
|  |  |             |                               |            |                      |          |  |          |                             |  |
|  |  |             |                               |            | L                    |          |  | <u> </u> |                             |  |
|  |  |             |                               |            |                      |          |  |          |                             |  |
| _  |  |             | <u> </u>                      |            | <u>L</u>             |          |  |          |                             |  |
|  |  |             |                               |            |                      |          |  |          |                             |  |
|  |  |             |                               |            |                      |          | <u> </u>                                 |          |                             |  |
| Tota   | I number of other employees paid over \$50,000   |             |                               |            |                      |          | <b>.</b>                                 |          | 0                           |  |
| EEA  |  |             |                               |            |                      |          |  | Form 99  | 90-PF (2014)                |  |

|   | -4405298 Page 7           |
|---|---------------------------|
| Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly and Contractors (continued)  | Paid Employees,           |
| 3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE.   | н                         |
| (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  | <b>&gt;</b>               |
| 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 organizations and other beneficiaries served, conferences convened, research papers produced, etc. | of Expenses               |
| 1 FOUNDATION ORGANIZED AND SPONSORED THE DES MOINES CONCOURS D'ELEGANCE   |                           |
|   | 52,801                    |
| 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 THE FOUNDATION MADE A GRANT TO THE DES MOINES CHILDREN'S CANCER CONNECITON  |                           |
| 2   | 20,000                    |
| <b>^</b>  |                           |
| All other program-related investments See instructions  |                           |
| 3   |                           |
| Total. Add lines 1 through 3  |                           |
| EEA .   | Form <b>990-PF</b> (2014) |

Form 990-PF (2014) Page 8 IOWA AUTOMOTIVE HERITAGE FOUNDATION 46-4405298 Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, Part X see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., 1a 0 1b 17,531 Fair market value of all other assets (see instructions) 1c 1,295 1d d Total (add lines 1a, b, and c) 18,826 Reduction claimed for blockage or other factors reported on lines 1a and Acquisition indebtedness applicable to line 1 assets ........ 2 2 3 18,826 3 Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see 4 282 5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4 18,544 Minimum investment return. Enter 5% of line 5 927 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 1 Minimum investment return from Part X, line 6 2a Tax on investment income for 2014 from Part VI, line 5 2a Income tax for 2014 (This does not include the tax from Part VI) b 2c 3 3 Recoveries of amounts treated as qualifying distributions 4 4 5 5 Add lines 3 and 4 6 6 Deduction from distributable amount (see instructions) 7 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, 7 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes Expenses, contributions, gifts, etc - total from Part I, column (d), line 26 ...... 1a а Program-related investments - total from Part IX-B 1b 20,000 b 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes ...... 2 3 Amounts set aside for specific charitable projects that satisfy the Suitability test (prior IRS approval required) 3a а 3b Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 4 20,000 4 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) 6 Adjusted qualifying distributions. Subtract line 5 from line 4 20,000 6

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.

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Part XIII Undistributed Income (see instructions) (d) 2014 (b) Years prior to 2013 (a) Corpus Distributable amount for 2014 from Part XI. Undistributed income, if any, as of the end of 2014 a Enter amount for 2013 only . . . . . . . . . . . **b** Total for prior years Excess distributions carryover, if any, to 2014 a From 2009 . . . . . . . . **b** From 2010 . . . . . . . . . c From 2011 . . . . . . . . . **d** From 2012 . . . . . . . . e From 2013 . . . . . . . . . . . f Total of lines 3a through e . . . . . . . . . . . . Qualifying distributions for 2014 from Part XII, Ine 4 ► \$ 20,000 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 . . . . . . Remaining amount distributed out of corpus . . . 20,000 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a)) Enter the net total of each column as indicated below: 20,000 a Corpus Add lines 3f, 4c, and 4e Subtract line 5 . **b** Prior years' undistributed income Subtract line 4b from line 2b . . . . . . . . . . . . . . . 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 f Undistributed income for 2014 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2015 . . . . . . . . . . . . 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) . . . . . . . . . . . . Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions) Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a 20,000 Analysis of line 9 10 a Excess from 2010 **b** Excess from 2011 .... Excess from 2012 · · · · · Excess from 2013 · · · · · Excess from 2014 . . . . . 20,000

|             | 90-PF (2014) IOWA AUTOM XIV Private Operating Found  | OTIVE HERITAGE   | FOUNDATION            | t VII-A guestion         | 46-440529          | 98 Page <b>10</b> |
|-------------|--|--|-----------------------|--------------------------|--------------------|-------------------|
|             | If the foundation has received a ruling or d   |  |                       |                          | <u> </u>           | <del></del>       |
|             | foundation, and the ruling is effective for 2  |  |                       | ··· <del>·</del>         | ▶ 2014-07          | -03               |
| b           | Check box to indicate whether the foundat  |  |                       | ned in section           |                    | 4942(j)(5)        |
| 2a          | Enter the lesser of the adjusted net   | Tax year   | ig roundation doos.   | Prior 3 years            | [23] 10 1-47(0) 01 | 1                 |
|             | income from Part I or the minimum  |  | (h) 0040              |                          | (4) 2011           | (e) Total         |
|             | investment return from Part X for  | (a) 2014   | (b) 2013              | (c) 2012                 | (d) 2011           | <del></del>       |
|             | each year listed   | 927  |                       | <del> </del>             | <del></del>        | 927               |
| b           | 85% of line 2a   | 788  |                       | <del> </del>             |                    | 788               |
| С           | Qualifying distributions from Part XII, line 4 for each year listed  | 20,000   |                       |                          |                    | 20,000            |
| d           | Amounts included in line 2c not used directly for active conduct of exempt activities  |  |                       |                          |                    |                   |
| е           | Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c · · ·   | 20,000   |                       |                          |                    | 20,000            |
| 3           | Complete 3a, b, or c for the alternative test relied upon  |  |                       |                          |                    |                   |
| а           | "Assets" alternative test - enter (1) Value of all assets  |  | •                     |                          |                    |                   |
|             | (2) Value of assets qualifying under section 4942(j)(3)(B)(i) · · · · · "Endowment" alternative test - enter 2/3   |  |                       |                          |                    |                   |
| Ь           | of minimum investment return shown in Part X, line 6 for each year listed  | 618  |                       |                          |                    | 618               |
| С           | "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)                          |  |                       |                          |                    |                   |
|             | (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III)   |  |                       |                          |                    |                   |
|             | (3) Largest amount of support from an exempt organization · · · ·  |  |                       |                          |                    |                   |
|             | (4) Gross investment income · · ·  |  |                       |                          |                    |                   |
| Part        | XV   Supplementary Informat  | tion (Complete th  | is part only if t     | he foundation h          | ad \$5,000 or more | in assets at      |
|             | any time during the year   | r - see instructior  | ıs.)                  |                          |                    |                   |
| 1<br>a<br>b | Information Regarding Foundation Machine List any managers of the foundation who before the close of any tax year (but only List any managers of the foundation who ownership of a partnership or other entity | have contributed more<br>if they have contribute<br>own 10% or more of the | d more than \$5,000)  | (See section 507(d)      | (2))               |                   |
|             |  |  |                       |                          |                    |                   |
| 2           | Information Regarding Contribution, Check here ► I if the foundation only unsolicited requests for funds If the four   | makes contributions to   | o preselected charita | ble organizations and    |                    |                   |
| <u>-</u>    | other conditions, complete items 2a, b, of the name, address, and telephone num  |  | of the person to whor | n applications should    | be addressed       |                   |
|             |  |  |                       |                          |                    |                   |
| b           | The form in which applications should be   | e submitted and informa  | ation and materials t | ney should include       |                    |                   |
| С           | Any submission deadlines   |  |                       |                          |                    |                   |
| d           | Any restrictions or limitations on awards factors  | , such as by geographic  | cal areas, charitable | fields, kınds of institu | tions, or other    |                   |

Part XV | Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation show any relationship to Purpose of grant or status of recipient Amount contribution any foundation manager Name and address (home or business) or substantial contributor a Paid during the year CHILDREN'S CANCER CONNECTION GENERAL SUPPORT OF THE MISSION OF 2708 GRAND AVE DES MOINES, IA 50312-5214 NONE PC CHILDRENS CANCER 20,000 20,000 Approved for future payment

3b

EEA

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| Enter gross amounts unless otherwise indicated. |               |   | d business income | Excluded by s          | ection 512, 513, or 514 | (e)                     |  |
|---|---------------|---|-------------------|------------------------|-------------------------|-------------------------|--|
|   | v             |   | (a)<br>Business   | (b)<br>Amount          | (c)<br>Exclusion code   | (d)<br>Amount           | Related or exempt function income (See instructions) |
| •   | _             | service revenue                                     | code              |                        | <del> </del>            |                         | <del></del>  |
|   | . —           | MOINES CONCOURS                                     | 711300            |                        | 03                      |                         | 6,119  |
|   |               |   |                   |                        |                         |                         |  |
|   | ٠             |   | <del></del>       |                        |                         |                         |  |
|   |               |   |                   |                        | -                       |                         |  |
|   | e             | <del></del>   |                   |                        |                         |                         |  |
|   | ' <del></del> | and contracts from assument against                 |                   |                        |                         |                         | <del> </del>   |
| •   |               | and contracts from government agencies · · ·        |                   |                        |                         |                         |  |
|   |               | ship dues and assessments                           |                   |                        | <del></del>             |                         |  |
|   |               | on savings and temporary cash investments •         |                   |                        | <del> </del>            |                         | <del>}</del>   |
|   |               | s and interest from securities                      |                   |                        |                         |                         |  |
| 5   |               | al income or (loss) from real estate                |                   |                        | <del> </del>            |                         |  |
|   |               | financed property                                   | <b> </b>          |                        |                         |                         |  |
|   |               | ebt-financed property                               |                   |                        |                         |                         | ļ  |
|   |               | al income or (loss) from personal property · · ·    |                   |                        |                         |                         |  |
|   |               | vestment income                                     |                   |                        | ļ. ———                  |                         |  |
|   |               | (loss) from sales of assets other than inventory    |                   |                        |                         | ·                       | <u> </u>   |
|   |               | me or (loss) from special events                    |                   |                        |                         |                         |  |
|   |               | ofit or (loss) from sales of inventory              |                   |                        |                         |                         |  |
| 11  | Other re      | venue: a  |                   |                        |                         |                         |  |
|   | L             |   |                   |                        |                         |                         |  |
|   | c             |   |                   |                        |                         |                         |  |
|   | d             |   |                   |                        |                         |                         |  |
|   | е             |   |                   |                        |                         |                         |  |
|   |               | Add columns (b), (d), and (e)                       |                   |                        |                         |                         | 6,119  |
| 13  | Total. A      | add line 12, columns (b), (d), and (e)              |                   |                        |                         | 13                      | 6,119  |
|   |               | eet in line 13 instructions to verify calculations) |                   |                        |                         |                         |  |
| P   | art XVI       | -B   Relationship of Activities to the              | Accompl           | ishment of Exe         | empt Purpo              | ses                     |  |
|   | ine No.       | Explain below how each activity for which inco      | ome is report     | ed in column (e) of P  | art XVI-A contr         | buted importantly to th | е  |
| ٠   | -III 6 NO.    | accomplishment of the foundation's exempt p         | urposes (othe     | er than by providing t | funds for such p        | ourposes) (See instruc  | ctions)  |
| _   |               |   |                   |                        |                         |                         |  |
| _(  | )1a           | GROSS SALES OF MERCHANDISE SUR                      | PORTING           | THE EXEMPT E           | VENT                    |                         |  |
|   |               |   |                   |                        |                         |                         |  |
|   |               |   |                   |                        |                         |                         |  |
|   |               |   |                   |                        | _                       |                         |  |
|   |               |   |                   |                        |                         |                         |  |
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|   |               |   |                   |                        |                         |                         |  |
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| _   |               |   |                   |                        |                         | <del>-</del>            |  |
| _   | -             |   |                   |                        |                         |                         |  |
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| _   |               |   |                   |                        |                         |                         | <del></del>  |
| _   |               |   |                   |                        |                         |                         | <del></del>  |
|   |               | }   |                   |                        |                         |                         |  |

# Form 990-PF (2014) IOWA AUTOMOTIVE HERITAGE FOUNDATION Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

| 1        |                     |   |   | ge in any of the followir<br>on 501(c)(3) organizati            |                                 |                                 |                                      |            |                    |           |              | Yes          | No     |
|----------|---------------------|---|---|---|---------------------------------|---------------------------------|--------------------------------------|------------|--------------------|-----------|--------------|--------------|--------|
|          | organization        |   | de (other than secti                                    | on so r(c)(s) organizat   | 10113/ 01 111 3                 | ection 327                      | , relating to p                      | Ollicai    |                    |           |              |              |        |
| а        | _                   |   | a foundation to a n                                     | oncharitable exempt or  | manization :                    | of                              |                                      |            |                    |           | i            |              |        |
| u        |                     |   |   |   |                                 |                                 |                                      |            |                    |           | 1a(1)        |              | X      |
|          |                     |   |   |   |                                 |                                 |                                      |            |                    |           | 1a(2)        |              | X      |
| b        | Other tran          |   |   |   | • • • • •                       |                                 |                                      |            |                    |           | 14(2)        |              |        |
| D        |                     |   | ncharitable exempl                                      | t organization  |                                 |                                 |                                      |            |                    |           | 1b(1)        |              | Х      |
|          | • •                 |   | •   | exempt organization   |                                 |                                 |                                      |            |                    |           | 1b(2)        |              | X      |
|          |                     |   |   | sets  |                                 |                                 |                                      |            |                    |           | 1b(3)        |              | X      |
|          |                     |   |   |   |                                 |                                 |                                      |            |                    |           | 1b(4)        | <del> </del> | X      |
|          |                     |   |   |   |                                 |                                 |                                      |            |                    |           | 1b(5)        |              | X      |
|          |                     |   |   |   |                                 |                                 |                                      |            |                    |           | 1b(6)        | <del></del>  | X      |
| _        |                     |   |   | or fundraising solicitation                                     |                                 |                                 |                                      |            |                    |           | 1c           | <u> </u>     | X      |
|          | _                   |   |   | other assets, or paid er  |                                 |                                 |                                      |            |                    |           | _ 16         | <u> </u>     |        |
| d        |                     | -   |   | nplete the following scl  |                                 | · •                             |                                      |            |                    |           |              |              |        |
|          |                     | _   | _   | given by the reporting f  |                                 |                                 |                                      |            |                    |           |              |              |        |
|          |                     | <del></del>                                     |   | ent, show in column (d)   | •                               |                                 |                                      |            |                    |           |              |              |        |
| (a) Lin  | <u>e no   (b) A</u> | mount involved                                  | (c) Name of non   | charitable exempt organi  | zation                          | (d) Desc                        | ription of trans                     | fers, tran | sactions           | s, and sh | arıng arra   | ingeme       | nts    |
|          |                     |   |   |   |                                 |                                 |                                      |            |                    |           |              |              |        |
|          |                     |   |   |   |                                 |                                 |                                      | -          |                    |           |              |              |        |
|          |                     |   |   |   |                                 |                                 |                                      |            |                    |           |              |              |        |
|          |                     |   |   |   |                                 |                                 |                                      |            |                    |           |              |              |        |
|          |                     |   |   |   |                                 |                                 |                                      |            |                    |           | _            |              |        |
|          |                     |   |   |   |                                 |                                 |                                      |            |                    |           |              |              |        |
|          |                     |   |   |   |                                 |                                 |                                      |            |                    |           |              |              |        |
|          |                     |   |   |   |                                 |                                 |                                      | _          |                    |           |              |              |        |
|          |                     |   |   |   |                                 |                                 |                                      |            |                    |           |              |              |        |
|          |                     |   |   |   |                                 |                                 |                                      |            |                    |           |              |              |        |
|          |                     |   |   |   |                                 |                                 |                                      |            |                    |           |              |              |        |
|          |                     |   |   | <u> </u>  |                                 | ļ                               |                                      |            |                    |           |              |              |        |
|          | _                   |   |   |   |                                 |                                 |                                      |            |                    |           |              |              |        |
|          |                     |   | · <del>-</del>  |   |                                 |                                 |                                      |            |                    |           |              |              |        |
|          |                     |   | - ·   |   |                                 |                                 |                                      |            |                    |           |              |              |        |
|          |                     |   |   | <del></del>   |                                 | l                               |                                      |            |                    |           |              |              |        |
| 2a       |                     | -   | •   | with, or related to, one  |                                 | •                               | -                                    |            |                    |           |              | -            | 1      |
|          |                     | •   |   | r than section 501(c)(3   | )) or in sect                   | ion 527?                        |                                      |            | • • •              |           | Ye           | s <u>[X</u>  | .] No  |
| <u>b</u> | If "Yes," c         | omplete the follo                               | wing schedule   |   |                                 |                                 |                                      |            |                    |           |              |              |        |
|          |                     | <ul> <li>a) Name of organiz</li> </ul>          | zation  | (b) Type of   | organization                    |                                 | _                                    | (c) De     | scription          | of relat  | onship       |              |        |
|          |                     |   |   | <u> </u>  |                                 |                                 |                                      |            |                    |           |              |              |        |
|          |                     |   |   |   |                                 |                                 |                                      |            |                    |           |              |              |        |
|          |                     |   |   |   |                                 |                                 |                                      |            |                    |           |              |              |        |
|          |                     |   |   |   |                                 |                                 |                                      |            |                    |           |              |              |        |
|          |                     |   | _//   | l   |                                 |                                 |                                      |            |                    |           |              |              |        |
| ٥.       |                     | enalties of perjury, I d<br>and complete Declar | eclare that I have examin<br>attor of prepare lother th | ned this retum, including acco<br>han taxpayer) is based on all | mpanying scho<br>information of | edules and sta<br>which prepare | atements, and to<br>er has any knowl | the best o | f my kno           | wledge ar | d belief, it | is true,     |        |
| Sig      | n                   | Mest  |   |   | ۱ ۱                             |                                 | ,                                    |            |                    | May the   | IRS discus   | s this ref   | tum    |
| Hei      |                     |   |   |   |                                 |                                 |                                      | with the   | oreparer <u>st</u> |           | <u>low</u>   |              |        |
|          | Sign                | etale of officer or trus                        | see   | Date  |                                 | Title                           |                                      |            |                    | (see inst | )/ <u> X</u> | res          | No.    |
| D-:      |                     | Print/Type prepare                              | s name  | Preparer's signature  | $\mathcal{J}$                   |                                 | Date                                 |            | Check              | L] ıf     | PTIN         |              |        |
| Pai      |                     | Keith A Ar                                      | hstrong   | MA  |                                 |                                 | 11-25-20                             | 15         | self-err           | ployed    | PO140        | 1264         |        |
| Pre      | parer               | Firm's name                                     | KEITH A AR  | MSTRONG CPA PC  |                                 |                                 |                                      | Firm's El  | N Þ                |           |              |              |        |
| Use      | Only                | Firm's address                                  | 4800 MILLS  | CIVIC PKWY ST   | E 220                           |                                 |                                      | Phone no   | ,                  |           |              |              |        |
|          |                     |   | WEST DES M  | OINES IA 50265  |                                 |                                 |                                      |            | <b>51</b> 5        | -224-     | 7640         |              |        |
| FEA      |                     |   |   |   |                                 |                                 |                                      |            |                    |           | Form 99      | 0-PF         | (2014) |

Form 990\_OfOv (2014)

EEA

List of Officers, Directors, Trustees, and Key Employees

| 1 List all officers, directors, trustees, and key employees for the | year even it they were                               | not compensated  | ·  |  |
|---|--|--|--|--|
| (a) Name and title  | (b) Average<br>hours per week<br>devoted to position | (c) Reportable<br>compensation<br>(Form W-2/1099-MISC)<br>(if not paid, enter -0-) | (d) Health benefits,<br>contributions to employee<br>benefit plans, and<br>deferred compensation | (e) Estimated amount of other compensation |
| MYRON STINE TRUSTEE   |  |  |  |  |
|   | 5.00   | 0  | 0  |  |
| PO BOX 13322, DES MOINES, IA 50310                                  | 5.00   | U  | U  | 0  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  | 4.00                                       |
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|   |  | I  | i  | Į.   |

### 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

Employer identification number

| Name of the organization Employer identification |   |         |  |             |  |
|--|---|---------|--|-------------|--|
| AWOI   | AUTOMOTIVE HERITA   | AGE     | FOUNDATION   | 46-4405298  |  |
| Organi   | zation type (check one)                                   |         |  |             |  |
| Filers o   | <b>~6</b> .   | Sac     | tion:  |             |  |
| rilers   | JI.   | 360     | non.   |             |  |
| Form 9   | 90 or 990-EZ  |         | 501(c)( ) (enter number) organization  |             |  |
|  |   |         | 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation   |             |  |
|  |   |         | 527 political organization   |             |  |
| Form 9   | 90-PF   | X       | 501(c)(3) exempt private foundation  |             |  |
|  |   |         | 4947(a)(1) nonexempt charitable trust treated as a private foundation  |             |  |
|  |   |         | 501(c)(3) taxable private foundation   |             |  |
| Charle   | of your organization is cover                             | rod by  | the General Rule or a Special Rule.  |             |  |
|  | , ,   | _       | -  | ula Caa     |  |
| note. C  |   | ), or ( | 10) organization can check boxes for both the General Rule and a Special R   | uie See     |  |
| Genera   | al Rule   |         |  |             |  |
| X  | For an organization filing I                              | Form    | 990, 990-EZ, or 990-PF that received, during the year, contributions totaling  | \$5,000     |  |
|  | or more (in money or prop<br>contributor's total contribu |         | from any one contributor Complete Parts I and II See instructions for determined to the contributor of the c | nining a    |  |
| Specia   | al Rules  |         |  |             |  |
| · _  |   | ribad i | n section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support t   | test of the |  |
| Ш  |   |         | (a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ),   |             |  |
|  |   |         | red from any one contributor, during the year, total contributions of the greate   |             |  |
|  |   |         | t on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Par  |             |  |
| _  |   |         |  |             |  |
|  |   |         | in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from  |             |  |
|  |   |         | al contributions of more than \$1,000 exclusively for religious, charitable, scie  |             |  |
|  | literary, or educational pur                              | ırpose  | s, or for the prevention of cruelty to children or animals. Complete Parts I, II,  | and III     |  |
|  | For an organization descr                                 | ribed   | in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from  | any one     |  |
|  |   |         | ntributions exclusively for religious, charitable, etc., purposes, but no such   | •           |  |
|  |   |         | \$1,000 If this box is checked, enter here the total contributions that were re  | eceived     |  |
|  |   |         | ely religious, charitable, etc., purpose Do not complete any of the parts unles  |             |  |
|  |   |         | ganization because it received nonexclusively religious, charitable, etc., conf  |             |  |
|  |   |         | the year   |             |  |
|  |   |         | d b. the Company Dide and leading Company Dides done and Sic College dide  | 2 (Form 900 |  |
|  | -   |         | vered by the General Rule and/or the Special Rules does not file Schedule B  |             |  |
|  |   |         | r "No" on Part IV, line 2, of its Form 990, or check the box on line H of its For<br>at it does not meet the filing requirements of Schedule B (Form 990, 990-EZ   |             |  |
| - CHILL S  | 990-ri, i aiti, iiile 2, t0 Cel                           | ury ur  | at it does not incertact ming requirements of coneduce by thorn 330, 330-E2.   | , ,.        |  |

Name of organization

IOWA AUTOMOTIVE HERITAGE FOUNDATION

Employer identification number

46-4405298

| Part I     | Contributors (see instructions) Use duplicate copies of Part I if additional space is needed. |                            |  |  |  |
|------------|---|----------------------------|--|--|--|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d) Type of contribution   |  |  |
| _1_        | Wellmark Blue Cross Blue Shield  1331 Grand Ave  Des Moines, IA 50309                         | \$14,403                   | Person X Payroll   |  |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d) Type of contribution   |  |  |
| _2_        | NATIONWIDE INSURANCE ONE NATIONWIDE PLAZA COLUMBUS, OH 43215                                  | \$7,500                    | Person  Payroll  Noncash  (Complete Part II for noncash contributions.)    |  |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |  |  |
| _3_        | BANKERS TRUST  453 - 7TH STREET  DES MOINES, IA 50309   | \$5,000<br>                | Person X Payroll   |  |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |  |  |
| _4_        | STINE SEED  22555 LAREDO TRAIL  ADEL, IA 50003  | \$\$,000                   | Person 🔀 Payroll 🗍 Noncash 🗍 (Complete Part II for noncash contributions ) |  |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |  |  |
|            |   | \$                         | Person Payroll Noncash Complete Part II for noncash contributions )        |  |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |  |  |
|            |   |                            | Person Payroll Oncash Complete Part II for noncash contributions )         |  |  |

|                            | Federal Supporting Statemen                              | ots 2014 PG 01 |  |  |  |  |
|----------------------------|--|----------------|--|--|--|--|
| Name(s) as shown on return |  |                |  |  |  |  |
| IOWA AUTOMOTIVE HER        | ITAGE FOUNDATION   | 46-4405298     |  |  |  |  |
|                            | Form 990PF, Part I, Line 1<br>Sales of Inventory Schedul |                |  |  |  |  |
| Category                   | Gross Sales  | COGS Net       |  |  |  |  |
| BRANDED ITEM SALES         | 4,169  | 2,107 2,062    |  |  |  |  |
| Total                      | 4,169  | 2,1072,062     |  |  |  |  |

PG 01
Form 990PF, Part VII-A, Line 8(b)
Statement #152
Explanation of Non-Filing with Attorney General

IOWA'S ATTORNEY GENERAL DOES NOT ACCEPT SUCH FILINGS. BIENNIAL REPORTS ARE FILED WITH THE IOWA SECRETARY OF STATE.

| 2014 PG 01                    | Your Social Security Number<br>46-4405298                       | Statement #103  |   |   |
|-------------------------------|---|---|---|---|
| ng Statements                 |   | xpenses Schedule                                      | Adjusted Charitable<br>net income purpose |   |
| Federal Supporting Statements |   | Form 990PF, Part I, Line 23 - Other Expenses Schedule | Net<br>investment                         | 1,479 0<br>1,862 0<br>376 0<br>52,801 0   |
|                               | Name(s) as shown on return  IOWA AUTCMOTIVE HERITAGE FOUNDATION | FO  | Revenue sription and expenses             | EVENT EXPENSES  EVENT INSURANCE  1,  MEETINGS AND PLANNING  1,  MERCHANT ACCOUNT PROCESSING  Totals  52 |