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Form **990-PF**

Extended to November 16, 20
Return of Private Foundation

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

▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

OMB No 1545-0052 Open to Public Inspection

Department of the Treasury Internal Revenue Service		nter social security numbers on it Form 990-PF and its separate			Open to Public Inspection
or calendar year 2014	•		, and ending		
Name of foundation				A Employer identification	number
TOWA MASON	RY EDUCATIONAL	FOUNDATION		71-0952912	
	box number if mail is not delivered to		Room/suite	B Telephone number	
6919 VISTA	DRIVE			515-282-81	92
	ovince, country, and ZIP or for	eign postal code	<u> </u>	C If exemption application is p	ending, check here
WEST DES N	<u> IOINES, IA 502</u>				
Check all that apply:	Initial return		ormer public charity	D 1. Foreign organizations	, check here
	Final return	Amended return		Foreign organizations me check here and attach co	eting the 85% test,
Check type of organi	Address change	(3) exempt private foundation			
′′	i) nonexempt charitable trust		ation	E If private foundation sta under section 507(b)(1)	
		counting method: X Cash	Accrual	F If the foundation is in a	
(from Part II, col. (c)	, line 16)	Other (specify)		under section 507(b)(1)	
> \$	7,379. (Part I	column (d) must be on cash	basis.)		
(The total of an	Revenue and Expenses ounts in columns (b), (c), and (d) may	not (a) Revenue and expenses per books	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable purposes
necessarily equ	ial the amounts in column (a))	exheuses her prinks	income	income	(cash basis only)
_	gifts, grants, etc., received if the foundation is not required to attach Sch				
	त प्रस्व १०६१ तव्याच्या पर तवर प्रविचारक एवं बराबद्या ५८० gs and temporary s				
	s I interest from securities	1			_
5a Gross rents					
b Net rental incom	e or (loss)				-
6a Net gain or (loss	from sale of assets not on line 10				
b Gross sales prid	e for all				
¥	income (from Part IV, line 2)		0	•	
8 Net Short-terr					
9 Income mode Gross sales less and allowances					
b Less Cost of go	ods sold				
c Gross profit o					
11 Other income		12,500.	0		Statement 1
12 Total. Add lin	es 1 through 11	12,500.	0		
1 '- '	of officers, directors, trustees, etc	0.	0	. 0.	(
	ee salaries and wages				
15 Pension plans	s, employee benefits				<u> </u>
16a Legal fees b Accounting fe c Other profess	es			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
c Other profess				2015 1001	
17 Interest				1.8 5012 Kg	
18 Taxes			SEP		_
17 Interest 18 Taxes 19 Depreciation 20 Occupancy 21 Travel, confei	and depletion		18		
20 Occupancy					
	ences, and meetings				
22 Printing and p		2 5,689.	0	. 0.	
E 24 Total operati	ng and administrative	3,003.			`
∟ I	ld lines 13 through 23	5,689.	0	. 0.	
25 Contributions	, gifts, grants paid	4,500.			4,500
	es and disbursements.				
Add lines 24		10,189.	0	. 0.	4,500
27 Subtract line		0 344			
	ue over expenses and disbursements	2,311.	0		
	nt income (if negative, enter -0-) income (if negative, enter -0-)			0.	
22501	aperwork Reduction Act Notice	non instructions		<u> </u>	Form 990-PF (20

		10-PF (2014) IOWA MASONKY EDUCATIONAL		•	UYSZYIZ Page 2
P	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year (a) Book Value	(b) Book Value	<u> </u>
=					(c) Fair Market Value
	1		5,068.	4,579.	4,579.
	1	Savings and temporary cash investments			
	3	Accounts receivable ► 1,200.		1 200	1 200
	١.	Less: allowance for doubtful accounts		1,200.	1,200.
	4	Pledges receivable -			
	_	Less: allowance for doubtful accounts			
	1 -	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts			
ets	1 -	Inventories for sale or use			
Assets	1	Prepaid expenses and deferred charges			
•	10a	Investments - U.S. and state government obligations			
	b	Investments - corporate stock			
	C	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis	•		
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment: basis ▶			
		Less accumulated depreciation			
	15	Other assets (describe ► Statement 3)	0.	1,600.	1,600.
	16	Total assets (to be completed by all filers - see the			
		instructions. Also, see page 1, item ()	5,068.	7,379.	7,379.
	17	Accounts payable and accrued expenses	_	,	
	18	Grants payable			
G	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons		· · · · ·	
Ē	21	Mortgages and other notes payable			
ت		Other liabilities (describe)			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
_		Foundations that follow SFAS 117, check here	**		
		and complete lines 24 through 26 and lines 30 and 31.			
ė,	24	Unrestricted			
SE.	25	Temporarily restricted			
ă	1	Permanently restricted			
Fund Balances	20	Foundations that do not follow SFAS 117, check here	+		
Ē		,			
5	0.7	and complete lines 27 through 31	0.	_	
Net Assets or	27	Capital stock, trust principal, or current funds	0.	0.	
SS(28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.		
¥.	29	Retained earnings, accumulated income, endowment, or other funds		2,311.	
ž	30	Total net assets or fund balances	5,068.	7,379.	
		Table 19 by the control of the contr	F 060	7 270	
_	31	Total liabilities and net assets/fund balances	5,068.	7,379.	
P	art	III Analysis of Changes in Net Assets or Fund Ba	lances		
-	Tota	I not accests or fund halanage at haginage of year. Don't II assume (a) time (ii)	<u> </u>		
1		I net assets or fund balances at beginning of year - Part II, column (a), line 3	U		5 0.00
	-	st agree with end-of-year figure reported on prior year's return)		1	5,068.
		r amount from Part I, line 27a		2	2,311.
3		r increases not included in line 2 (itemize)	·-	3	7 270
4		lines 1, 2, and 3		4	7,379.
		eases not included in line 2 (itemize)		5	0.
<u>6</u>	rota	I net assets or fund balances at end of year (line 4 minus line 5) - Part II, colu	umn (b), line 30	6	7,379.
					Form 990-PF (2014)

		es for Tax on In			OI4					<u> </u>	1 age u
<u> </u>				t income	(b) I	How ac	aured	(c) Date a	coured	(d) Date	cold
(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)		, b			(mo., da		(mo., day	y, yr.)			
1a	•		· · ·		-	00110					
	NE						,				
C		-	_								
d					<u> </u>						
_е	i				<u> </u>						
(e) Gross sales price		reciation allowed ir allowable)		st or other basis expense of sale					ın or (loss) (f) mınus (
8											
<u> </u>											
d d											
e									<u> </u>		
Complete only for assets show	ng gain in coli	umn (h) and owned by	the foundation	n on 12/31/69			(1)	Gains (Co	ol. (h) gain	minus	
(i) F.M.V. as of 12/31/69		Adjusted basis of 12/31/69		cess of col. (I)			còl.		ot less than from col. (
a											
b						·					
C											
<u>d</u>									<u> </u>	· · · · · · · · · · · · · · · · · · ·	
<u>e</u>											
2 Capital gain net income or (net c	apıtal loss)	If gain, also enter of the lift (loss), ente	n Part I, line In Part I, line	7 : 7	}	2					
3 Net short-term capital gain or (lo	ss) as defined	I in sections 1222(5) an	ıd (6):		`						
If gain, also enter in Part I, line 8						_					
If (loss), enter -0- in Part I, line 8 Part V Qualification U	Inder Sec	ction 4940(e) for	Reducer	i Tay on Nat	Inv	3 Astr	ent Inc	ome			
L			·				1011111110	01110			
(For optional use by domestic privat	e iouridations	Subject to the Section (1940(a) tax ui	i net mveziment ii	ICUIII	5. <i>)</i>					
If section 4940(d)(2) applies, leave t	this part blank										
Was the foundation liable for the sec	ction 4942 tax	on the distributable am	ount of any y	ear in the base pe	rıod?					Yes	X No
If "Yes," the foundation does not qua	alify under sec	tion 4940(e). Do not co	mplete this pa	art.							
1 Enter the appropriate amount in	each column	for each year, see the I	nstructions be	fore making any e	entries	S					_
(a) Base period years Calendar year (or tax year beginn	ıng ın)	(b) Adjusted qualifying dis	tributions	Net value of no	(c) oncha		use assets	(Dıstrıb col. (b) dıv	(d) oution ratio rided by col. ((c))
2013								<u> </u>			
2012											
2011		_ 									
2010 2009											
2009								+			_
2 Total of line 1, column (d)								2			
3 Average distribution ratio for the	5-year base p	period - divide the total	on line 2 by 5	, or by the number	r of ye	ars					
the foundation has been in exist								3			
4 Enter the net value of noncharita	ble-use asset	s for 2014 from Part X,	line 5					4			
5 Multiply line 4 by line 3								5			
6 Enter 1% of net investment inco	me (1% of Pa	rt I, line 27b)						6			
7 Add lines 5 and 6								7			
8 Enter qualifying distributions fro	m Part XII, lın	e 4						8			
If line 8 is equal to or greater that See the Part VI instructions.	in line 7, chec	k the box in Part VI, line	t 1b, and com	plete that part usi	ng a 1	% tax	rate.				
										-Arm QQA-I	DE (2017

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<u>Form</u>	990-PF (2014) IOWA MASONRY EDUCATIONAL FOUNDATI	ON		<u>-0952</u>			Page 4
Pai	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4	1940(b), 4940(e),	or 4948	3 - see i	nstru	ctio	<u>15)</u>
1a.	Exempt operating foundations described in section 4940(d)(2), check here 🕨 🔲 and enter *N/	A" on line 1.					
	Date of ruling or determination letter: (attach copy of letter if necessary-	see instructions)	i				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here	and enter 1%	1				0.
	of Part I, line 27b						
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part	I, line 12, col. (b). 丿	1				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others en	ter -0-)	2				<u>0.</u>
3	Add lines 1 and 2		3				<u>0.</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others er	nter -0-)	4				0.
5	Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-		. 5	_			0.
6	Credits/Payments:	I		1			
а	2014 estimated tax payments and 2013 overpayment credited to 2014 6a						
	Exempt foreign organizations - tax withheld at source 6b						
C	Tax paid with application for extension of time to file (Form 8868) 6c						
	Backup withholding erroneously withheld 6d	<u> </u>					_
	Total credits and payments. Add lines 6a through 6d		<u> </u>	- i			0.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached		8				
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		9	_			0.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	ı	10				
	Enter the amount of line 10 to be: Credited to 2015 estimated tax	Refunde	d ▶ 1	<u> </u>			
	rt VII-A Statements Regarding Activities					Yes	Nia
	During the tax year, did the foundation attempt to influence any national, state, or local legislation of	r did it participate or int	ervene in			162	
	any political campaign?		::t\0		1a		X
	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see			_	1b	 -	X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copie	es or any matenais pu	ibiisnea o	r			
	distributed by the foundation in connection with the activities.				10		X
	Did the foundation file Form 1120-POL for this year?				1c		
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. \$		0.				
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax						
Е	managers. > \$ 0.	imposed on loundation	•				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?				2		x
	If "Yes," attach a detailed description of the activities.						
	Has the foundation made any changes, not previously reported to the IRS, in its governing instrume	ent, articles of incorpora	ation, or				
·	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	,	, -		3		Х
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?				4a		Х
	If "Yes," has it filed a tax return on Form 990-T for this year?			N/A	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?				5		X
	If "Yes," attach the statement required by General Instruction T						:
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:						İ
	By language in the governing instrument, or						
	By state legislation that effectively amends the governing instrument so that no mandatory direct	ions that conflict with th	ie state law				
	remain in the governing instrument?				6		X
7	Did the foundation have at least $5,000$ in assets at any time during the year? If "Yes," complete	Part II, col. (c), and F	art XV		7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)	<u>None</u>	-				
			-				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney	General (or designate)					
	of each state as required by General Instruction G? If "No," attach explanation				8b		X
9	Is the foundation claiming status as a private operating foundation within the meaning of section 45		or calenda	Г			
4-	year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," comple				9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing	their names and addresses	<u> </u>		10 m QQ 0	DE	X (0044)

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_	n 990-PF (2014) IOWA MASONRY EDUCATIONAL FOUNDATION 71-095 art VII-A Statements Regarding Activities (continued)	<u> 2912</u>		Page <u>5</u>
_	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		
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
14	Website address ► WWW.MASONRYINSTITUTEOFIOWA.ORG The books are in care of ► DIVERSIFIED MANAGEMENT SERVICES, IN Telephone no. ► 515-2			
	Located at ► 6919 VISTA DRIVE, WEST DES MOINES, IA ZIP+4 ►5	<u> 1266</u>		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			ш
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	NI-
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank,	1	Yes	No
	securities, or other financial account in a foreign country?	16		<u>X</u>
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1). If "Yes," enter the name of the			
Б	foreign country ► art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
		$\overline{}$	V	NI-
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	-	Yes	No
1	a During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	1 '		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	'		
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1 '		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)	1 '		
	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)? N/A	1b		
	Organizations relying on a current notice regarding disaster assistance check here			_
	c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
	before the first day of the tax year beginning in 2014?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
-	defined in section $4942(j)(3)$ or $4942(j)(5)$):		ŀ	
	a At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning		1	
	before 2014? Yes X No			
	If "Yes," list the years ▶ , , ,		İ	
	b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach	'		
	statement - see instructions.)	2b		
	c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	20		
	•			
3	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
•	during the year?			
	b If "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or disqualified persons after			
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,	1		
		25		
		3b	-	v
	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	48	 	X
	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			1,,
	had not been removed from jeopardy before the first day of the tax year beginning in 2014?	l 4b	1	X

Form 990-PF.(2014) IOWA MASONRY EDUCATIONAL	FOUNDATION		<u>71-09529</u>	12	Page 6
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be F	Required (continu	ied)		
5a During the year did the foundation pay or incur any amount to:				į	
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			s 🗶 No	- 1	-
(2) Influence the outcome of any specific public election (see section 4955); or	to carry on, directly or indire			- 1	1
any voter registration drive?			s 🔀 No		
(3) Provide a grant to an individual for travel, study, or other similar purposes?		X Ye	s L No		-
(4) Provide a grant to an organization other than a charitable, etc., organization	described in section				
4945(d)(4)(A)? (see instructions)			s X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f	or		ţ	
the prevention of cruelty to children or animals?			s X No	İ	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und		n Regulations			
section 53.4945 or in a current notice regarding disaster assistance (see instruc	•		_ <u>_</u>	5 b X	+-
Organizations relying on a current notice regarding disaster assistance check he					
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from				-	
expenditure responsibility for the grant?		I∕A ∟ Ye	s L No		
If "Yes," attach the statement required by Regulations section 53 4945				- 1	-
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	ay premiums on	Γ ν.	s X No		
a personal benefit contract?		Ye		C.	x
b Did the foundation, during the year, pay premiums, directly or indirectly, on a process of the foundation of the second of t	ersonar benefit contract?		-	6b	 ^
If "Yes" to 6b, file Form 8870.	halter transaction?		s X No	ł	
7a At any time during the tax year, was the foundation a party to a prohibited tax si		Te		7b	+
b If Yes," did the foundation receive any proceeds or have any net income attributed in the foundation About Officers, Directors, Trusters of the foundation About Officers of the foundation About Officers of the foundation About Officers of the foundation receive any proceeds or have any net income attributed in the foundation receive any proceeds or have any net income attributed in the foundation receive any proceeds or have any net income attributed in the foundation receive any proceeds or have any net income attributed in the foundation receive any proceeds or have any net income attributed in the foundation receive any proceeds or have any net income attributed in the foundation receive any proceeds or have any net income attributed in the foundation of the foundation of the foundation attributed in the foundation of the foundation attributed in the foundation attribu		nagers Highly		70 ;	
Paid Employees, and Contractors	co, i odiladion ma	inagoro, riigiii,			
1 List all officers, directors, trustees, foundation managers and their	compensation.				
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans	(e) E	xpense nt, other
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	accou	vances
See Statement 4		0.	0.		0.
	<u></u>				
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	(d) Contributions to	(-) E	vnanca
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	accou	xpense int, other
	devoted to position		compensation	allo	wances
NONE					
		-			
Total number of other employees paid over \$50,000	1	1		1	0

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, High Paid Employees, and Contractors (continued)	ily		
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."			
(a) Name and address of each person paid more than \$50,000 (b) Type of se	rvice	(c) Com	pensation
NONE			
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities		•	0
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.		Expenses	
1 N/A			
2			
3			· · · · · -
4			
Part IX-B Summary of Program-Related Investments			
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. 1 N/A		Amount	
2			
All other program-related investments. See instructions. 3			
Total. Add lines 1 through 3	>		0.
		Form 990-1	PF (2014)

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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

Form **990-PF** (2014)

4,500.

4,500

3b

4

5

6

b Cash distribution test (attach the required schedule)

Adjusted qualifying distributions. Subtract line 5 from line 4

4940(e) reduction of tax in those years.

income, Enter 1% of Part I, line 27b

Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

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

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI,				
line 7				363.
2 Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only			0.	
b Total for prior years:				
,,		0.		
3 Excess distributions carryover, if any, to 2014:				
a From 2009				
b From 2010				
c From 2011				
d From 2012				
e From 2013	_			
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2014 from				
Part XII, line 4: ► \$ 4,500.			_	
a Applied to 2013, but not more than line 2a			0.	
b Applied to undistributed income of prior		_		
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	_			
(Election required - see instructions)	0.			
d Applied to 2014 distributable amount				363.
e Remaining amount distributed out of corpus	4,137.			<u>-</u>
Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	4,137.			
b Prior years' undistributed income. Subtract		· · · · · · · · · · · · · · · · · · ·	· ·	
line 4b from line 2b		0.		
c Enter the amount of prior years'		•		
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2013. Subtract line		_		
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2014. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2015				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by	İ			
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2009				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2015.				_
Subtract lines 7 and 8 from line 6a	4,137.			
10 Analysis of line 9:				
a Excess from 2010				
b Excess from 2011				
c Excess from 2012				
d Excess from 2013				
e Excess from 2014 4,137.				
423581 11-24-14				Form 990-PF (2014)

Form 990-PF (2014) IOWA MA	SONRY EDUCA	TIONAL FOUN	DATION		52912 Page 10
Part XIV Private Operating F			A, question 9)	N/A	
1 a If the foundation has received a ruling of					
foundation, and the ruling is effective for			▶		
b Check box to indicate whether the found		ig foundation described i		4942(j)(3) or 49	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	(b) 2012	Prior 3 years	(d) 2011	(a) Tatal
income from Part I or the minimum	(a) 2014	(b) 2013	(c) 2012	(0) 2011	(e) Total
investment return from Part X for					
each year listed		-			
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities				 	
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c				 	
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter				1	
2/3 of minimum investment return					
shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on					
securities loans (section 512(a)(5)), or royalties)					
(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 Info	rmation (Comple	te this part only	if the foundation	had \$5 000 or m	ore in assets
at any time during t			ii tile iouiluatioi	i iiau 45,000 or iii	ore in assets
1 Information Regarding Foundation wh	-	than 20/ of the total cont	ributions resoured by the	foundation before the ele	soo of any tay
a List any managers of the foundation wh year (but only if they have contributed n			indutions received by the	s touridation before the cic	ISE UI AIIY LAX
None		(-)(-)-,			
b List any managers of the foundation wh	a own 109/ or more of th	a stock of a corporation (or an aqually large parts		artaerahin ar
other entity) of which the foundation ha			or an equally large port	ion of the ownership of a p	arthership or
• •	a to to at ground miles				
None		0.1.1.2.1.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.			
2 Information Regarding Contribut				44	
Check here if the foundation of the foundation makes gifts, grants, etc.					
	·				-
a The name, address, and telephone num	per or e-mail address of	ine person to whom appil	cations should be addre	sseo;	
See Statement 5					
b The form in which applications should be	e submitted and informa	tion and materials they st	nould include:		
c Any submission deadlines:		<u> </u>			
d Any restrictions or limitations on award	s, such as by geographic	al areas, charitable fields,	kınds of institutions, or	other factors:	
		·			

423611

Total

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated business income			ed by section 512, 513, or 514	(e)	
g. 222 2ouillo ulliooo oliloi moo illolouloui	(a)	(b)	(C) Exclu-	(d)	Related or exempt	
1 Program service revenue:	Business code	Amount	sion	Amount	function income	
a GOLF OUTING		12,500.			· · · - · · · · · · · · · · · · · · · ·	
b						
c				~		
d						
e						
f						
g Fees and contracts from government agencies						
2 Membership dues and assessments						
3 Interest on savings and temporary cash investments						
4 Dividends and interest from securities						
5 Net rental income or (loss) from real estate:						
a Debt-financed property						
b Not debt-financed property						
6 Net rental income or (loss) from personal property						
7 Other investment income	-					
8 Gain or (loss) from sales of assets other than inventory						
9 Net income or (loss) from special events						
10 Gross profit or (loss) from sales of inventory						
11 Other revenue;	1 1					
a		···				
b						
c						
d						
e						
12 Subtotal. Add columns (b), (d), and (e)		12,500.		0.	0.	
13 Total. Add line 12, columns (b), (d), and (e)				13	12,500.	
(See worksheet in line 13 instructions to verify calculations.)						

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

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

423821 11-24-14

Sign Here

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

| Yes | Name | Print/Type preparer's name | Preparer's signature | Date | Check | If | Self- employed | PTIN | Self- employed | PTIN | Self- employed | PTIN | Self- employed | PTIN | Self- employed | PTIN | Self- employed | PTIN | Self- employed | PTIN | Self- employed | PTIN | Self- employed | PTIN | Self- employed | PTIN | Self- employed | PTIN | Self- employed | PTIN | Self- employed | PTIN | Self- employed | PTIN | Self- employed | PTIN | Self- employed | PTIN | Self- employed | PTIN | Self- employed | PTIN | Self- employed | PTIN | Self- employed | PTIN | Self- employed | PTIN | Self- employed | PTIN | Self- employed | PTIN | Self- employed | PTIN | Self- employed | PTIN | Self- employed | PTIN | Self- employed | PTIN | Self- employed | PTIN | Self- employed | PTIN | Self- employed | PTIN | Self- employed | PTIN | Self- employed | PTIN | Self- employed | PTIN | Self- employed | PTIN | Self- employed | PTIN | Self- employed | PTIN | Self- employed | PTIN | Self- employed | PTIN | Self- employed | PTIN | Self- employed | PTIN | Self- employed | PTIN | Self- employed | PTIN | Self- employed | PTIN | Self- employed | PTIN | Self- employed | PTIN | Self- employed | PTIN | Self- employed | PTIN | Self- employed | PTIN | Self- employed | PTIN | Self- employed | PTIN | Self- employed | PTIN | Self- employed | PTIN | Self- employed | PTIN | Self- employed | PTIN | Self- employed | PTIN | Self- employed | PTIN | Self- employed | PTIN | Self- employed | PTIN | Self- employed | PTIN | Self- employed | PTIN | Self- employed | PTIN | Self- employed | PTIN | Self- employed | PTIN | Self- employed | PTIN | Self- employed | PTIN | Self- employed | PTIN | Sel

Paid
Preparer
Use Only

Print/Type preparer's name

Preparer's signature

Preparer's signature

Date

Check ▼ if self- employed

Print/Type preparer's name

Preparer's signature

D8/14/15

P00288858

Pirm's name ▶ PITTMAN & COMPANY, LLP

Firm's address ▶ 40 OMEGA PLACE 8525 DOUGLAS AVE.

DES MOINES, IA 50322-2925

Phone no. (515)276-2727

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Purpose of grant or contribution Foundation show any relationship to **Amount** status of recipient any foundation manager Name and address (home or business) or substantial contributor ANTHONY KRAMER - IOWA STATE 500. UNIVERSITY AUSTIN LAPPHIER - IOWA STATE UNIVERSITY 500, ERICA PETERSON - IOWA STATE 500. UNIVERSITY **Total from continuation sheets** 1,500.

Form .990-PF	Other	Income			Statement	1
Description		(a) Revenue Per Books	.	(b) Net Invest- ment Income	_	
GOLF OUTING	_	12,5	00.	0	•	0.
Total to Form 990-PF, Part I,	line 11	12,5	00.	0	•	0.
Form 990-PF	Other	Expenses			Statement	2
Description	(a) (b) Expenses Net Inves Per Books ment Inco			(c) Adjusted Net Incom	(d) Charitable Purposes	
	5,689	9.	0.		0.	0.
To Form 990-PF, Pg 1, ln 23	5,689	9.	0.	•	0.	0.
Form 990-PF	Other	r Assets			Statement	3
Description		inning of ook Value		d of Year ook Value	Fair Marke Value	t
ACCRUED INCOME RECEIVABLE		0.		1,600.	1,600	
To Form 990-PF, Part II, line	15	0.		1,600.	1,6	00.

Form .990-PF	Part VIII - Trustees	Statement 4			
Name and Address		Title and Avrg Hrs/Wk	Compen- sation	Employee Ben Plan Contrib	Expense Account
SCOTT ELLINGSON		PRESIDENT 1.00	0.	0.	0.
ANDY WARD		VICE PRESIDENT 1.00	0.	0.	0.
ALAN BODDICKER		TREASURER 1.00	0.	0.	0.
BRIAN MACKLING		DIRECTOR 0.50	0.	0.	0.
JESSE BORCHER		DIRECTOR 0.50	0.	0.	0.
RICHARD FELICE		DIRECTOR 0.50	0.	0.	0.
JEFF FORREST		DIRECTOR 0.50	0.	0.	0.
DAN PRYMEK		DIRECTOR 0.50	0.	0.	0.
JEFF PATTERSON		DIRECTOR 0.50	0.	0.	0.
RICK SEYBERT		DIRECTOR 0.50	0.	0.	0.
ZACH STUART		DIRECTOR 0.50	0.	0.	0.

' IOWA MASONRY EDUCATIONAL FOUNDATIO	ON		71-0952912	
JOHN THIELE	DIRECTOR 0.50	0.	0.	0.
MIKE WARNER	DIRECTOR 0.50	0.	0.	0.
Totals included on 990-PF, Page 6, 1	 Part VIII	0.	0.	0.

Form 990-PF

Grant Application Submission Information Part XV, Lines 2a through 2d

Statement

Name and Address of Person to Whom Applications Should be Submitted

STEPHANIE PIERCE 6919 VISTA DRIVE WEST DES MOINES, IA 50266

Telephone Number

515-282-8192

Form and Content of Applications

SCHOLARSHIP APPLICATION FORM, 2 LETTERS OF RECOMMENDATION, TEACHER/INSTRUCTOR AND COMMUNITY LEADER, OFFICIAL HIGH SCHOOL AND/OR OFFICIAL COLLEGE/UNIVERSITY TRANSCRIPT AND A COPY OF CURRENT RESUME

Any Submission Deadlines

APRIL 15

Restrictions and Limitations on Awards

APPLICANTS MUST BE IOWA RESIDENTS AND ATTEND OR ARE PLANNING TO ATTEND AN IOWA SCHOOL

_	•							
	(Rev. 1-2014)			_		Page 2		
-	e filing for an Additional (Not Automatic) 3-Month Ex					$\triangleright X $		
-	complete Part II if you have already been granted an a		·	ed Form 8	3868.			
	e filing for an Automatic 3-Month Extension, comple			al /a a a	:	ام ما/		
Part II	Additional (Not Automatic) 3-Month E	xtensio	· · · · · · · · · · · · · · · · · · ·	•	•			
						ee instructions		
Type or	or Name of exempt organization or other filer, see instructions.				Employer identification number (EIN) or			
print					71-0952912			
File by the U	te for Number, street, and room or suite no. If a P.O box, see instructions							
filing your				Social se	cunty numbe	er (SSN)		
return See	5919 VISTA DRIVE							
	City, town or post office, state, and ZIP code For a for	oreign add	ress, see instructions.					
	WEST DES MOINES, IA 50266		-					
Enter the H	Return code for the return that this application is for (file	a separa	te application for each return)			. 0 4		
A			A			D-4		
Application	п	Return	Application		Return			
Is For	or Form 000 F7	Code	Is For			Code		
Form 990-E	or Form 990-EZ	01	Form 1041-A			08		
	(individual)	03	Form 4720 (other than individual)					
Form 990-F		04	Form 5227	······		10		
	(sec. 401(a) or 408(a) trust)	05	Form 6069	·		11		
	990-T (trust other than above) 06 Form 8870				12			
	not complete Part II if you were not already granted			iously file	d Form 886			
			ENT SERVICES, INC.					
• The boo	oks are in the care of > 6919 VISTA DRIV			A 502	66			
	one No ► 515-282-8192	<u> </u>	Fax No 🕨		 -			
	ganization does not have an office or place of business	s in the Ur	· -					
	for a Group Return, enter the organization's four digit			this is foi	the whole g	roup, check this		
box 🕨 🗌	If it is for part of the group, check this box	1	ich a list with the names and EiNs of					
4 I requ	uest an additional 3-month extension of time until	Novem	ber 15, 2015					
5 For c	calendar year 2014 , or other tax year beginning		, and ending	3				
6 If the	tax year entered in line 5 is for less than 12 months, c	heck reas	on. Initial return	Final r	eturn			
	Change in accounting period							
	e in detail why you need the extension							
<u>ADI</u>	<u>DITIONAL TIME IS REQUIRED TO</u>	O FIL	<u>E AN ACCURATE RETU</u>	RN				
	· - · · · · · · · · · · · · · · · · · ·							
								
				1	_			
	s application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069,	enter the tentative tax, less any			•		
	nonrefundable credits. See instructions			8a	\$	0.		
	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated							
•	tax payments made. Include any prior year overpayment allowed as a credit and any amount paid					•		
	viously with Form 8868.		the state of the s	8b	\$	0.		
	nce due. Subtract line 8b from line 8a. Include your pa	•	th this form, if required, by using			^		
Erir	PS (Electronic Federal Tax Payment System). See instru		st be completed for Part II o	8c_	\$	0.		
Hoder sees!	•		•	-	f my knowled	se and helief		
	lties of perjury, I declare that I have examined this form, includ rrect, and complete, and that I am authorized to prepare this fo		oanyniy schedules and statements, and to	o ine dest 0	i my knowied(ים מווט טפוופו,		
Signature •	• • •			Date				
orginatul 6	Title	O. A		Date		868 (Rev. 1-2014)		
					FOIII 8	000 (116V. 12014)		