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Form **990-PF**
Department of the Treasury
Internal Revenue Service

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.**
▶ **Go to *www.irs.gov/Form990PF* for instructions and the latest information.**

OMB No 1545-0052

2018

Open to Public Inspection

For calendar year 2018, or tax year beginning 01-01-2018 , and ending 12-31-2018

Name of foundation
THE MERCHANTS BONDING COMPANY FOUNDATION

A Employer identification number
26-3035459

Number and street (or P O box number if mail is not delivered to street address)
6700 WESTOWN PARKWAY

Room/suite

B Telephone number (see instructions)
(515) 243-8171

City or town, state or province, country, and ZIP or foreign postal code
WEST DES MOINES, IA 502667754

C If exemption application is pending, check here ▶ ☐

G Check all that apply ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☐ Name change

D 1. Foreign organizations, check here ▶ ☐
2 Foreign organizations meeting the 85% test, check here and attach computation ▶ ☐

H Check type of organization ☑ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

E If private foundation status was terminated under section 507(b)(1)(A), check here ▶ ☐

I Fair market value of all assets at end of year (from Part II, col (c), *line 16)* ▶$ 807,761

J Accounting method ☑ Cash ☐ Accrual ☐ Other (specify) _____
(Part I, column (d) must be on cash basis)

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶ ☐

Part I **Analysis of Revenue and Expenses** *(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))*

			(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1	Contributions, gifts, grants, etc , received (attach schedule)	285,731			
	2	Check ▶ ☐ if the foundation is **not** required to attach Sch B				
	3	Interest on savings and temporary cash investments				
	4	Dividends and interest from securities	15,095	15,095		
	5a	Gross rents				
	b	Net rental income or (loss) _____				
	6a	Net gain or (loss) from sale of assets not on line 10	15,077			
	b	Gross sales price for all assets on line 6a 151,235				
	7	Capital gain net income (from Part IV, line 2)		15,077		
	8	Net short-term capital gain				
	9	Income modifications				
	10a	Gross sales less returns and allowances				
	b	Less Cost of goods sold				
	c	Gross profit or (loss) (attach schedule)				
	11	Other income (attach schedule)	63,501	0		
	12	**Total.** Add lines 1 through 11	379,404	30,172		
Operating and Administrative Expenses	13	Compensation of officers, directors, trustees, etc	0	0		0
	14	Other employee salaries and wages				
	15	Pension plans, employee benefits				
	16a	Legal fees (attach schedule)				
	b	Accounting fees (attach schedule)	2,201	0		0
	c	Other professional fees (attach schedule)				
	17	Interest				
	18	Taxes (attach schedule) (see instructions)	1,012	0		0
	19	Depreciation (attach schedule) and depletion				
	20	Occupancy				
	21	Travel, conferences, and meetings				
	22	Printing and publications				
	23	Other expenses (attach schedule)	90,286	0		0
	24	**Total operating and administrative expenses.** Add lines 13 through 23	93,499	0		0
	25	Contributions, gifts, grants paid	333,050			333,050
	26	**Total expenses and disbursements.** Add lines 24 and 25	426,549	0		333,050
	27	Subtract line 26 from line 12				
	a	**Excess of revenue over expenses and disbursements**	-47,145			
	b	**Net investment income** (if negative, enter -0-)		30,172		
	c	**Adjusted net income** (if negative, enter -0-)				

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)

		Beginning of year (a) Book Value	End of year (b) Book Value	End of year (c) Fair Market Value
Assets	1 Cash—non-interest-bearing			
	2 Savings and temporary cash investments	852,875	805,730	807,761
	3 Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4 Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U S and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)			
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)			
	14 Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	15 Other assets (describe ▶ _____)			
	16 **Total assets** (to be completed by all filers—see the instructions Also, see page 1, item I)	852,875	805,730	807,761
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶ _____)			
	23 **Total liabilities**(add lines 17 through 22)	0	0	
Net Assets or Fund Balances	**Foundations that follow SFAS 117, check here ▶ ☑ and complete lines 24 through 26 and lines 30 and 31.**			
	24 Unrestricted	687,875	765,730	
	25 Temporarily restricted	165,000	40,000	
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ ☐ and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg , and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds			
	30 **Total net assets or fund balances** (see instructions)	852,875	805,730	
	31 **Total liabilities and net assets/fund balances** (see instructions)	852,875	805,730	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	852,875
2	Enter amount from Part I, line 27a	2	-47,145
3	Other increases not included in line 2 (itemize) ▶ _____	3	0
4	Add lines 1, 2, and 3	4	805,730
5	Decreases not included in line 2 (itemize) ▶ _____	5	0
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	805,730

Part IV Capital Gains and Losses for Tax on Investment Income

	(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a	PUBLICLY TRADED SECURITIES		2017-01-01	2018-12-31
b				
c				
d				
e				

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a	151,235		136,158	15,077
b				
c				
d				
e				

	Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) **or** Losses (from col (h))
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a				15,077
b				
c				
d				
e				

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 / If (loss), enter -0- in Part I, line 7 }	2	15,077
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☐ No

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2017			
2016			
2015			
2014			
2013			

2	**Total** of line 1, column (d)	2	
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5 0, or by the number of years the foundation has been in existence if less than 5 years	3	
4	Enter the net value of noncharitable-use assets for 2018 from Part X, line 5	4	
5	Multiply line 4 by line 3	5	
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	
7	Add lines 5 and 6	7	
8	Enter qualifying distributions from Part XII, line 4	8	

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. Date of ruling or determination letter _____ (attach copy of letter if necessary–see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☐ and enter 1% of Part I, line 27b	1	603
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2	0
3	Add lines 1 and 2	3	603
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4	0
5	**Tax based on investment income.** Subtract line 4 from line 3 If zero or less, enter -0-	5	603
6	Credits/Payments		
a	2018 estimated tax payments and 2017 overpayment credited to 2018 — 6a: 0		
b	Exempt foreign organizations—tax withheld at source — 6b:		
c	Tax paid with application for extension of time to file (Form 8868) — 6c: 0		
d	Backup withholding erroneously withheld — 6d: 0		
7	Total credits and payments Add lines 6a through 6d	7	0
8	Enter any **penalty** for underpayment of estimated tax Check here ☐ if Form 2220 is attached	8	14
9	**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶	9	617
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 2019 estimated tax** ▶ **Refunded** ▶	11	

Part VII-A Statements Regarding Activities

			Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		No
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition)	1b		No
	*If the answer is "Yes" to **1a** or **1b**, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities*			
c	Did the foundation file **Form 1120-POL** for this year?	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year **(1)** On the foundation ▶ $ 0 **(2)** On foundation managers ▶ $ 0			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ $ 0			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? *If "Yes," attach a detailed description of the activities*	2		No
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? *If "Yes," attach a conformed copy of the changes*	3		No
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a		No
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? *If "Yes," attach the statement required by General Instruction T*	5		No
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes	
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	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ IA			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? *If "No," attach explanation* .	8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2018 or the taxable year beginning in 2018? See the instructions for Part XIV If "Yes," complete Part XIV	9		No
10	Did any persons become substantial contributors during the tax year? *If "Yes," attach a schedule listing their names and addresses*	10		No

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule See instructions.	11		No
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		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	

Website address ▶ N/A

14 The books are in care of ▶ LARRY TAYLOR Telephone no ▶ (515) 243-8171

Located at ▶ 6700 WESTOWN PKWY WEST DES MOINES IA ZIP+4 ▶ 50266

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of **Form 1041** —check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the year ▶ 15

16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16		No

See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes", enter the name of the foreign country ▶

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☑ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☑ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☑ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☑ No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? ☐ Yes ☑ No			
	(6) Agree to pay money or property to a government official? (**Exception.** Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). ☐ Yes ☑ No			
b	If any answer is "Yes" to 1a(1)–(6), did **any** of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	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 2018?	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018? ☐ Yes ☑ No			
	If "Yes," list the years ▶ 20____ , 20____ , 20____ , 20____			
b	Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to **all** years listed, answer "No" and attach statement—see instructions)	2b		
c	If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here ▶ 20____ , 20____ , 20____ , 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐ Yes ☑ No			
b	If "Yes," did it have excess business holdings in 2018 as a result of **(1)** any purchase by the foundation or disqualified persons after May 26, 1969, **(2)** the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or **(3)** the lapse of the 10-, 15-, or 20-year first phase holding period? *(Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2018).*	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4b		No

Part VII-B **Statements Regarding Activities for Which Form 4720 May Be Required** *(continued)*

			Yes	No
5a	During the year did the foundation pay or incur any amount to			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	☐ Yes ☑ No		
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	☐ Yes ☑ No		
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	☐ Yes ☑ No		
	(4) Provide a grant to an organization other than a charitable, etc , organization described in section 4945(d)(4)(A)? See instructions	☐ Yes ☑ No		
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	☐ Yes ☑ No		
b	If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance? See instructions	5b		
	Organizations relying on a current notice regarding disaster assistance check here ▶	☐		
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	☐ Yes ☐ No		
	If "Yes," attach the statement required by Regulations section 53 4945–5(d)			
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	☐ Yes ☑ No		
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	6b		No
	If "Yes" to 6b, file Form 8870			
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	☐ Yes ☑ No		
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?	7b		
8	Is the foundation subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment during the year?	☐ Yes ☑ No		

Part VIII **Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

1 List all officers, directors, trustees, foundation managers and their compensation. See instructions

(a) Name and address	**(b)** Title, and average hours per week devoted to position	**(c)** Compensation **(If not paid, enter -0-)**	**(d)** Contributions to employee benefit plans and deferred compensation	**(e)** Expense account, other allowances
See Additional Data Table				

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

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

Total number of other employees paid over $50,000 ▶ 0

Part VIII **Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)***

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than $50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over $50,000 for professional services. ▶ 0

Part IX-A **Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1	
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	
2	
All other program-related investments See instructions 3	
Total. Add lines 1 through 3 ▶	0

Part X Minimum Investment Return (All domestic foundations must complete this part Foreign foundations,see instructions)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a	Average monthly fair market value of securities	1a	586,857
b	Average of monthly cash balances	1b	359,053
c	Fair market value of all other assets (see instructions)	1c	0
d	**Total** (add lines 1a, b, and c)	1d	945,910
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) — 1e: 0		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	945,910
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	14,189
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3 Enter here and on Part V, line 4	5	931,721
6	**Minimum investment return.** Enter 5% of line 5	6	46,586

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ▶ ☐ and do not complete this part)

1	Minimum investment return from Part X, line 6			1	46,586
2a	Tax on investment income for 2018 from Part VI, line 5	2a	603		
b	Income tax for 2018 (This does not include the tax from Part VI)	2b			
c	Add lines 2a and 2b			2c	603
3	Distributable amount before adjustments Subtract line 2c from line 1			3	45,983
4	Recoveries of amounts treated as qualifying distributions			4	0
5	Add lines 3 and 4			5	45,983
6	Deduction from distributable amount (see instructions)			6	0
7	**Distributable amount** as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1			7	45,983

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	333,050
b	Program-related investments—total from Part IX-B	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	**Qualifying distributions.** Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	333,050
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b See instructions	5	0
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	333,050

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI, line 7				45,983
2 Undistributed income, if any, as of the end of 2018				
a Enter amount for 2017 only.			0	
b Total for prior years 20___, 20___, 20___		0		
3 Excess distributions carryover, if any, to 2018				
a From 2013. 98,818				
b From 2014. 195,060				
c From 2015. 121,536				
d From 2016. 109,993				
e From 2017. 155,842				
f Total of lines 3a through e.	681,249			
4 Qualifying distributions for 2018 from Part XII, line 4 ▶ $ 333,050				
a Applied to 2017, 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 2018 distributable amount.				45,983
e Remaining amount distributed out of corpus	287,067			
5 Excess distributions carryover applied to 2018	0			0
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	968,316			
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 2017 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0			
8 Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions) . . .	98,818			
9 Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a	869,498			
10 Analysis of line 9				
a Excess from 2014. . . . 195,060				
b Excess from 2015. . . . 121,536				
c Excess from 2016. . . . 109,993				
d Excess from 2017. . . . 155,842				
e Excess from 2018. . . . 287,067				

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

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, enter the date of the ruling. . . . . ▶

b Check box to indicate whether the organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2018	(b) 2017	(c) 2016	(d) 2015	
2a Enter the lesser of the adjusted net income from Part I or the minimum 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 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 Information (Complete this part only if the foundation had $5,000 or more in assets at any time during the year—see instructions.)

1 Information Regarding Foundation Managers:

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

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

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

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

a The name, address, and telephone number or email address of the person to whom applications should be addressed

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

c Any submission deadlines

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

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year* See Additional Data Table				
Total . . . . . ▶ **3a**				
b *Approved for future payment*				
Total . . . . . ▶ **3b**				

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments. . . .					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities. . . .			14	15,095	
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			18	15,077	
9 Net income or (loss) from special events			01	-19,099	
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a					
b					
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e). .		0		11,073	0
13 **Total.** Add line 12, columns (b), (d), and (e).				13	11,073

(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) (See instructions)

Part XVII **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

		Yes	No
1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501 (c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			
a Transfers from the reporting foundation to a noncharitable exempt organization of			
(1) Cash	1a(1)		No
(2) Other assets	1a(2)		No
b Other transactions			
(1) Sales of assets to a noncharitable exempt organization	1b(1)		No
(2) Purchases of assets from a noncharitable exempt organization	1b(2)		No
(3) Rental of facilities, equipment, or other assets	1b(3)		No
(4) Reimbursement arrangements	1b(4)		No
(5) Loans or loan guarantees	1b(5)		No
(6) Performance of services or membership or fundraising solicitations	1b(6)		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		No

d If the answer to any of the above is "Yes," complete the following schedule Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received

(a) Line No	**(b)** Amount involved	**(c)** Name of noncharitable exempt organization	**(d)** Description of transfers, transactions, and sharing arrangements

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? ☐ Yes ☑ No

b If "Yes," complete the following schedule

(a) Name of organization	**(b)** Type of organization	**(c)** Description of relationship

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

******	2019-05-10	******
Signature of officer or trustee	Date	Title

May the IRS discuss this return with the preparer shown below (see instr)? ☑ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed ▶ ☐	PTIN
TODD GLYNN				P02064659
Firm's name ▶ MERIWETHER WILSON AND COMPANY PLLC				Firm's EIN ▶42-0731256
Firm's address ▶ 4500 WESTOWN PARKWAY SUITE 140 WEST DES MOINES, IA 502666717				Phone no (515) 223-0002

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	Title, and average hours per week **(b)** devoted to position	**(c)** Compensation **(If not paid, enter -0-)**	**(d)** Contributions to employee benefit plans and deferred compensation	Expense account, **(e)** other allowances
LARRY TAYLOR 4127 PLUMWOOD WEST DES MOINES, IA 50265	PRESIDENT 0 00	0	0	0
WILLIAM WARNER JR 3917 155TH STREET URBANDALE, IA 50323	SECRETARY & TREASURER 0 00	0	0	0
MELISSA WARNER 4628 N AVENIDA DEL PUENTE PHOENIX, AZ 85018	DIRECTOR 0 00	0	0	0
JANET TAYLOR 7117 PELICAN BAY BLVD UNIT 607 NAPLES, FL 34108	DIRECTOR 0 00	0	0	0
LLOYD TAYLOR 7117 PELICAN BAY BLVD UNIT 607 NAPLES, FL 34108	DIRECTOR 0 00	0	0	0
BILL TAYLOR 5115 S KENTON WAY ENGLEWOOD, CO 80111	DIRECTOR 0 00	0	0	0
JEFF TAYLOR 919 RAVENDALE PLACE CARY, NC 27513	DIRECTOR 0 00	0	0	0

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AGC OF IOWA FOUNDATION 701 E COURT AVE SUITE B DES MOINES, IA 50309	NONE	PUBLIC	FOSTER EDUCATION, SUPPORT RESEARCH AND DISSEMINATE INFORMATION TO THE GENERAL PUBLIC ABOUT THE CONSTRUCTION INDUSTRY	650
AMERICAN HEART ASSOCIATION 1111 9TH ST SUITE 280 DES MOINES, IA 50314	NONE	PUBLIC	TO BUILD HEALTHIER LIVES, FREE OF CARDIOVASCULAR DISEASES AND STROKE	5,275
BEST BUDDIES OF IA7648 HICKMAN RD DES MOINES, IA 50324	NONE	PUBLIC	GLOBAL VOLUNTEER MOVEMENT THAT CREATES 1 TO 1 FRIENDSHIPS FOR PEOPLE WITH LEARNING DISABILITIES	50
Total . . . . . ▶ **3a**				333,050

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS BIG SISTERS OF CENTRAL IOWA 9051 SWANSON BOULEVARD CLIVE, IA 50325	NONE	PUBLIC	SUPPORT FOR MENTORING PROGRAM	2,864
BIG BROTHERS BIG SISTERS OF GREATER KC 1709 WALNUT ST KANSAS CITY, MO 64108	NONE	PUBLIC	ORGANIZATION MATCHES CHILDREN OF ONE-PARENT FAMILIES, IN ONE-TO-ONE FRIENDSHIPS CREATING FRIENDSHIPS THAT OTHERWISE WOULD NOT HAPPEN	200
BLOOD SWEAT & BEERS 3512 INGERSOL AVE DES MOINES, IA 50312	NONE	PUBLIC	SUPPORT FOR LEUKEMIA AND LYMPHOMA SOCIETY FUNDRAISING RACE	750
Total . . . . . ▶ **3a**				333,050

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUB OF CENTRAL IOWA 1031 OFFICE PARK RD STE 1 WEST DES MOINES, IA 50265	NONE	PUBLIC	TO PROVIDE CONTINUED DAILY ACCESS TO LIFE-ENRICHING PROGRAMS AND UNIQUE LEARNING OPPPORTUNITIES TO YOUNG PEOPLE IN THE COMMUNITY	500
BRAVO GREATER DES MOINES 700 LOCUST ST STE 100 DES MOINES, IA 50309	NONE	PUBLIC	FUNDING AND SUPPORT TO STRENGTHEN ARTS, CULTURE AND HERITAGE ORGANIZATIONS SERVING GREATER DES MOINES	3,500
CENTRAL IOWA AGFP CHAPTER 37 LIBERTY BELL BLVD PLEASANT HILL, IA 50327	NONE	PUBLIC	PROMOTES PHILANTHROPY BY EMPOWERING PEOPLE & ORGANIZATIONS TO PRACTICE ETHICAL AND EFFECTIVE PROFESSIONAL FUNDRAISING	650
Total . . . . . ▶ **3a**				333,050

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTURION OF SOUTHERN ARIZONA CHARITABLE FOUNDATION PO BOX 64545 TUCSON, AZ 85728	NONE	PUBLIC	TO PROVIDE SERVICES TO UNDERSERVED COMMUNITY MEMBERS PRIMARILY IN THE AREAS OF HEALTHCARE, EDUCATION AND MENTORSHIP	700
CHARLOTTES WINGS1392 OTTER DRIVE ROCHESTER HILLS, MI 48309	NONE	PUBLIC	DEDICATED TO SUPPORTING AILING CHILDREN THROUGH DONATIONS OF NEW BOOKS TO THE CHILDREN AND THEIR FAMILIES IN HOSPITAL AND HOSPICE CARE	250
CHILDREN & FAMILIES OF IOWA 1111 UNIVERSITY AVE DES MOINES, IA 50314	NONE	PUBLIC	PROVIDES RESOURCES NEEDED TO HELP VICTIMS OF DOMESTIC VIOLENCE, PROVIDE SAFETY AND PREVENTION FOR ABUSED OR NEGLECTED CHILDREN	500
Total . . . . . ▶ **3a**				333,050

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDREN'S HOSPITAL CLINICS OF MINNESOTA 2525 CHICAGO AVE MINNEAPOLIS, MN 55404	NONE	PUBLIC	PROGRAM SUPPORT	200
CHILDRENS CANCER CONNECTION 2708 GRAND AVE DES MOINES, IA 50312	NONE	PUBLIC	TO SERVE FAMILIES WITH CHILDHOOD CANCERS WITH QUALITY PROGRAMS FOR EDUCATION, RECREATION AND SUPPORT	500
COMMUNITY FOUNDATION OF GREATER DES MOINES 2771 104TH ST SUITE I URBANDALE, IA 50322	NONE	PUBLIC	SUPPORT FOR TOURNAMENT	1,000
Total . . . . . ▶ **3a**				333,050

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COURAGE LEAGUE SPORT 4405 121ST ST URBANDALE, IA 50322	NONE	PUBLIC	PHILOSOPHY IS EVERYBODY DESERVES TO PLAY	25,000
CYSTIC FIBROSIS FOUNDATION 4150 WESTOWN PKWY 206 WEST DES MOINES, IA 50266	NONE	PUBLIC	RESEARCH FOR A CURE FOR CYSTIC FIBROSIS AND IMPROVE THE QUALITY OF LIFE FOR THOSE WITH THE DISEASE	1,000
DES MOINES COMMUNITY PLAYHOUSE 831 42ND ST DES MOINES, IA 50312	NONE	PUBLIC	TO ENCOURAGE SELF-DEVELOPMENT THROUGH THE DRAMATIC ARTS, EXPLORE THE SKILLS OF THE THEATRE, FOSTER AN APPRECIATION FOR THEATRE AND ACQUAINT STUDENTS WITH TECHNICAL THEATRE KNOWLEDGE	1,000
Total . . . . . ▶ **3a**				333,050

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DES MOINES METRO OPERA 106 WEST BOSTON AVE INDIANOLA, IA 50125	NONE	PUBLIC	SUPPORTS THE OPERA IN DES MOINES	2,000
DES MOINES PERFORMING ARTS 221 WALNUT STREET DES MOINES, IA 50309	NONE	PUBLIC	ENGAGE THE MIDWEST IN WORLD-CLASS ENTERTAINMENT, EDUCATION AND CULTURAL ACTIVITIES	9,500
DES MOINES WATER WORKS PARKS FOUNDATION PO BOX 12009 DES MOINES, IA 50312	NONE	PUBLIC	IMPROVING QIALITY OF LIFE FOR CENTAL IOWANS BY ENHANCING WATERWORKS PARK	5,000
Total . . . . . ▶ **3a**				333,050

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EASTER SEALS OF IA401 NE 66TH AVE DES MOINES, IA 50313	NONE	PUBLIC	PROVIDES SERVICES TO ENSURE THAT PEOPLE WITH DISABILITES HAVE EQUAL OPPORTUNITIES	158,383
FREEDOM FOR YOUTH MINISTRIES 2301 HICKMAN RD DES MOINES, IA 50010	NONE	PUBLIC	THE ORGANIZATION OFFERS THE LOVE OF JESUS CHRIST TO DISTRESSED AND IMPOVERISHED YOUTH	2,750
FRIENDS OF IOWA PUBLIC TELEVISON PO BOX 6400 JOHNSTON, IA 50131	NONE	PUBLIC	TO PROVIDE SUPPORT FOR QUALITY ALTERNATIVE PROGRAMMING THAT EDUCATES, ENLIGHTENS AND ENTERTAINS IOWANS THROUGHOUT THE STATE	100
Total . . . . . ▶ **3a**				333,050

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 2200 E EUCLID DES MOINES, IA 50303	NONE	PUBLIC	BRING PEOPLE TOGETHER TO BUILD HOMES, COMMUNITIES AND HOPE	1,000
HCI CARE SERVICES 2901 WESTOWN PKWY W DES MOINES, IA 50266	NONE	PUBLIC	PROMOTING DIGNITY AND QUALITY OF LIFE AND EFFECTIVE COMMUNITY BASED CARE	6,500
HOPE MINISTRIESPO BOX 862 DES MOINES, IA 50304	NONE	PUBLIC	MEETING THE SPIRITUAL, PHYSICAL, AND EMOTIONAL NEEDS OF MEN, WOMEN AND CHILDREN WHO ARE HOMELESS OR IN NEED OF HOPE	800
Total . . . . . ▶ **3a**				333,050

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IOWA ATHLETICS DEVELOPMENT 5410 CARVER HAWKEYE ARENA IOWA CITY, IA 52242	NONE	PUBLIC	PROVIDES SUPPORT TO THE GENERAL ATHLETIC BUDGET	2,400
IOWA COLLEGE FOUNDATION 505 5TH AVENUE 1034 DES MOINES, IA 50309	NONE	PUBLIC	PROVIDES STUDENTS WITH THE OPPORTUNITY FOR A HIGH QUALITY EDUCATION BY SECURING FINANCIAL RESOURCES FOR MEMBER PRIVATE COLLEGES AND UNIVERSITIES	1,000
IOWA INSURANCE HALL OF FAME 10546 JUSTIN DRIVE URBANDALE, IA 50322	NONE	PUBLIC	TO HONOR THOSE INDIVIDUALS WHO HAVE MADE AN IMPACT ON THE INSURANCE INDUSTRY IN IOWA	250
Total . . . . . ▶ **3a**				333,050

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IOWA STATE FAIR BLUE RIBBON FOUNDATION PO BOX 57130 DES MOINES, IA 50317	NONE	PUBLIC	SUPPORT FOR FAIR PROGRAMS	3,000
IOWA STATE UNIVERSITY FOUNDATION 2505 UNIVERSITY BLVD PO BOX 2230 AMES, IA 50010	NONE	PUBLIC	ESSENTIAL IN BUILDING THE FINANCIAL BASE TO SUSTAIN LONG-TERM GROWTH OF ISU	5,000
JUVINILE DIABETES RESEARCH FOUNDATION 3580 EP TRUE PARKWAY 101 WEST DES MOINES, IA 50265	NONE	PUBLIC	SUPPORT OF RESEARCH TO FIND A CURE FOR DIABETES AND ITS COMPLICATIONS	1,500
Total . . . . . ▶ **3a**				333,050

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LYMPHOMA & LEUKEMIA SOCIETY 2700 WESTOWN PKWY 260 WEST DES MOINES, IA 50266	NONE	PUBLIC	CURE LEUKEMIA, LYMPHOMA, HODGKIN'S DISEASE AND MYELOMA, AND IMPROVE THE QUALITY OF LIFE OF PATIENTS AND THEIR FAMILIES	2,750
MAKE A WISH FOUNDATION IA 3024 104TH STREET URBANDALE, IA 50322	NONE	PUBLIC	GRANTING WISHES OF CHILDREN WITH LIFE-THREATENING MEDICAL CONDITIONS TO ENRICH THE HUMAN EXPERIENCE WITH HOPE, STRENGTH AND JOY	2,100
MCNISH FAMILY FOUNDATION 26622 WOODWARD AVE ROYAL OAK, MN 48067	NONE	PUBLIC	TO PROVIDE YOUNG PEOPLE WITH OPPORTUNITIES THAT CAN CHANGE THEIR LIVES	100
Total . . . . . ▶ **3a**				333,050

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MID-IOWA COUNCIL - BOY SCOUTS OF AMERICA 5123 SCOUT TRAIL DES MOINES, IA 50321	NONE	PUBLIC	TO PROVIDE A PROGRAM FOR BOYS AND YOUNG ADULTS TO BUILD CHARACTER, TO TRAIN IN THE RESPONSIBLITIES OF CITIZENSHIP, AND TO DEVELOP MENTAL AND PHYSICAL FITNESS - MAKING A DIFFERENCE IN THE LIVES OF BOYS AGED 7 THROUGH 20	5,000
MISSION HAITIPO BOX 2175 SIOUX FALLS, SD 57101	NONE	PUBLIC	TO REACH THE PEOPLE OF HAITI ONE VILLAGE AT A TIME FOR THE GLORY OF THE LORD	500
NATIONAL MULTIPLE SCLEROSIS SOCIETY PO BOX 4527 NEW YORK, NY 10163	NONE	PUBLIC	WORKS TO IMPROVE THE QUALITY OF LIFE FOR PEOPLE AFFECTED BY MS AND RAISE FUNDS FOR CRITICAL MS RESEARCH	350
Total . . . . . ▶ **3a**				333,050

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORWALK PTO 9210 HAPPY HOLLOW DRIVE NORWALK, IA 50211	NONE	PUBLIC	TO FOSTER A SPIRIT OF COOPERATION BETWEEN PARENTS AND TEACHERS AND TO ASSIST IN AND ENHANCE THE STUDENTS EDUCATION	75
ORCHARD PLACE FOUNDATION 2116 GRADE AVE DES MOINES, IA 50312	NONE	PUBLIC	DEVELOP STRONG FUTURES FOR CHILDREN AND YOUTH WITH MENTAL HEALTH AND BEHAVIORAL CHALLENGES	1,000
PRINCIPAL CHARITY CLASSIC 2771 104TH ST SUITE I URBANDALE, IA 50322	NONE	PUBLIC	THE TOURNAMENT RAISES MONEY FOR LOCAL NON-PROFIT ORGANIZATIONS SUPPORTING CHILDREN IN THE ARTS, CULTURE, HEALTH AND HUMAN SERVICES	6,000
Total . . . . . ▶ **3a**				333,050

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PUPPY JAKE FOUNDATION 4020 JOHN LYNDE RD DES MOINES, IA 50312	NONE	PUBLIC	HELPING MILITARY VETERANS THROUGH TRAINED SERVICE DOGS	25,000
RONALD MCDONALD HOUSE 1441 PLEASANT STREET DES MOINES, IA 50314	NONE	PUBLIC	SUPPORT FOR FAMILIES OF CHILDREN RECEIVING CRITICAL MEDICAL CARE IN DES MOINES	1,000
SALISBURY HOUSE FOUNDATION 4025 TONAWANDA DRIVE DES MOINES, IA 50312	NONE	PUBLIC	HELPS TO PRESERVE THE HOUSE AND GARDENS, PROVIDE EDUCATIONAL AND CULTURAL PROGRAMMING FOR STUDENTS AND OTHER OF ALL AGES, INCOMES, AND LIFE EXPERIENCES	500
Total . . . . . ▶ **3a**				333,050

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SURETY FOUNDATION 1101 CONNECTICUT AVENUE NW 800 WASHINGTON, DC 20036	NONE	PUBLIC	PROVIDES SCHOLARSHIPS FOR INDIVIDUALS INTERESTED IN PURSUING A CAREER IN SURETY	1,000
THE TERRACE HILL SOCIETY FOUNDATION 2300 GRAND AVE DES MOINES, IA 50312	NONE	PUBLIC	SUPPORTS THE UPKEEP OF THE GOVERNOR'S MANSION IN DES MOINES	500
UNITED WAY OF CENTRAL IOWA 1111 NINTH STREET SUITE 100 DES MOINES, IA 50314	NONE	PUBLIC	IMPROVES LIVES BY MOBILIZING THE CARING POWER OF COMMUNITIES AROUND THE WORLD TO ADVANCE THE COMMON GOOD	6,680
Total . . . . . ▶ **3a**				333,050

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITY POINT HEALTH FOUNDATION 1200 PLEASANT ST DES MOINES, IA 50309	NONE	PUBLIC	SUPPORT FOR THE BLANK CHILDREN'S HOSPITAL THAT SERVES THE CHILD LIFE PROGRAM AND THE CENTER FOR ADVOCACY AND OUTREACH THAT ARE PROVIDED TO PATIENTS AND FAMILIES AT LITTLE TO NO COST	1,400
UNIVERSITY OF SOUTH DAKOTA FOUNDATION PO BOX 5555 VERMILLION, SD 57069	NONE	PUBLIC	SUPPORT FOR SCHOLARSHIP PROGRAM	250
UNIVERSITY OF TEXAS FOUNDATION PO BOX 13178 AUSTIN, TX 78711	NONE	PUBLIC	OPPORTUNITIES AND SUPPORT FOR STUDENT-ATHLETES AS WELL AS PROGRAMMING AND RESOURCES	4,000
Total . . . . . ▶ **3a**				333,050

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
USED CAR DEALERS OF CO CHARITY FUND 950 WADSWORTH BLVD 101 LAKEWOOD, CO 80214	NONE	PUBLIC	REPRESENT THE GOODWILL OF USED CAR DEALERS IN COLORADO	1,000
VARIETY THE CHILDRENS CHARITY OF IOWA 505 5TH AVE SUITE 310 DES MOINES, IA 50309	NONE	PUBLIC	HELPING UNDERPRIVILEDGED, AT-RISK AND SPECIAL NEEDS CHILDREN IN IOWA	10,333
VARIOUS PUBLIC CHARITIESVARIOUS DES MOINES, IA 50310	NONE	PUBLIC	VARIOUS PUBLIC CAUSES	3,890
Total . . . . . ▶ **3a**				333,050

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WAUKEE FOUNDATION 230 W HICKMAN RD WAUKEE, IA 50263	NONE	PUBLIC	TO ENHANCE THE RECREATIONAL, HEALTH, CULTURAL AND ECOMONIC BENEFITS OF THE RACCOON RIVER VALLEY TRAIL SYSTEM	2,000
WEST DES MOINES EMS ASSOCIATION 8055 MILLS CIVIC PKWY WEST DES MOINES, IA 50266	NONE	PUBLIC	TO PROVIDE TIMELY, PROFESSIONAL MEDICAL CARE AND MAINTAIN AN ACTIVE LEADERSHIP ROLE IN THE ADVANCEMENT OF EMS	100
YMCA OF GREATER DES MOINES 501 GRAND AVENUE DES MOINES, IA 50309	NONE	PUBLIC	YOUTH DEVELOPMENT	6,500
Total . . . . . ▶ **3a**				333,050

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUTH EMERGENCY SERVICES & SHELTERS OF IOWA 918 SE 11TH ST DES MOINES, IA 50309	NONE	PUBLIC	SUPPORT OF PROGRAMS DESIGNED TO KEEP CHILDREN SAFE AND FAMILIES TOGETHER	1,500
YOUTH HOMES OF MID AMERICA PO BOX 39 JOHNSTON, IA 50131	NONE	PUBLIC	TO PROVIDE TROUBLED YOUTH AND THEIR FAMILIES A PATH TO INDEPENDENCE	250
ARTFORCE IOWA 600 HOLCOME AVE STE 3 DES MOINES, IA 50313	NONE	PUBLIC	YOUTH DEVELOPMENT	500
Total . . . . . ▶ **3a**				333,050

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IMPACT IOWA160 S 68TH ST WEST DES MOINES, IA 50266	NONE	PUBLIC	PROGRAM SUPPORT	500
OPPORTUNITY ON DECK 12719 LINCOLN CIRCLE CLIVE, IA 50325	NONE	PUBLIC	PROGRAM SUPPORT	500
ZERO - THE END OF PROSTATE CANCER PO BOX 320871 ALEXANDRIA, VA 22320	NONE	PUBLIC	PROGRAM SUPPORT	500
Total . . . . . ▶ **3a**				333,050

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REACHING HIGHER IOWAPO BOX 42515 URBANDALE, IA 50323	NONE	PUBLIC	YOUTH DEVELOPMENT	2,500
GREATER DES MOINES BOTANICAL CENTER 909 ROBERT D RAY DR DES MOINES, IA 50309	NONE	PUBLIC	PROGRAM SUPPORT	1,000
Total . . . . . ▶ **3a**				333,050

TY 2018 Accounting Fees Schedule

Name: THE MERCHANTS BONDING COMPANY FOUNDATION

EIN: 26-3035459

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING AND TAX PREPARATION	2,201	0		0

TY 2018 Other Expenses Schedule

Name: THE MERCHANTS BONDING COMPANY FOUNDATION

EIN: 26-3035459

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BANK CHARGES	101	0		0
COMMUNITY OUTREACH COUNCIL EXPENSE	563	0		0
OTHER EXPENSES - MERCHANTS	5,026	0		0
PAYPAL FEES	1,996	0		0
BILL WARNER SR MEMORIAL CHARITY GOLF CLASSIC EXPENSES	82,600	0		0

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491130011459

TY 2018 Other Income Schedule

Name: THE MERCHANTS BONDING COMPANY FOUNDATION

EIN: 26-3035459

Other Income Schedule

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
GROSS INCOME FROM SPECIAL FUNDRAISING EVENTS	63,501		63,501

TY 2018 Taxes Schedule

Name: THE MERCHANTS BONDING COMPANY FOUNDATION

EIN: 26-3035459

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXCISE TAX	395	0		0
IOWA DEPARTMENT OF REVENUE	617	0		0

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491130011459

Schedule B (Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF
▶ Go to *www.irs.gov/Form990* for the latest information

OMB No 1545-0047

2018

Name of the organization
THE MERCHANTS BONDING COMPANY FOUNDATION

Employer identification number
26-3035459

Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☑ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions

General Rule

☑ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or other property) from any one contributor Complete Parts I and II See instructions for determining a contributor's total contributions

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, and III

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc , purposes, but no such contributions totaled more than $1,000 If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc , purpose Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc , contributions totaling $5,000 or more during the year . . . . . ▶ $ _____

Caution. An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization
THE MERCHANTS BONDING COMPANY FOUNDATION

Employer identification number
26-3035459

Part I **Contributors** (See instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MERCHANTS BONDING COMPANY 2100 FLEUR DR DES MOINES, IA 50321	$ 180,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
-		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
-		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
-		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
-		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
-		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)

Name of organization	Employer identification number
THE MERCHANTS BONDING COMPANY FOUNDATION	26-3035459

Part II Noncash Property

(See instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	

Name of organization
THE MERCHANTS BONDING COMPANY FOUNDATION

Employer identification number
26-3035459

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

Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee