EXTENDED TO NOVEMBER 17, 2025

Form	990-T	E	xempt Organization Business Income Tax Return)	OMB No. 1545-0047	
		(and proxy tax under section 6033(e))				
		For ca	endar year 2024 or other tax year beginning , and ending		2024	
Departm Internal	nent of the Treasury Revenue Service	D	Go to www.irs.gov/Form990T for instructions and the latest information. o not enter SSN numbers on this form as it may be made public if your organization is an 501(c)(3).		Open to Public Inspection for 501(c)(3) Organizations Only	
A	Check box if address changed.		Name of organization (Check box if name changed and see instructions.) COMMUNITY FDN OF GREATER DES MOINES	D En	nployer identification number	
R Fxe	mpt under section	Print	F/K/A GREATER DES MOINES COMMUNITY FDN		42-6139033	
	501(c)(3)	or	Number, street, and room or suite no. If a P.O. box, see instructions.	E Gr	oup exemption number	
	408(e) 220(e)	Туре	1915 GRAND AVE	, (Se	ee instructions)	
	408A530(a) 529(a)529A		City or town, state or province, country, and ZIP or foreign postal code DES MOINES, IA 50309-7271	F	Check box if	
	, , <u> </u>	С Во	ok value of all assets at end of year	1 7	an amended return.	
G CI	heck organization t		X 501(c) corporation 501(c) trust 401(a) trust Other trust	State	college/university	
		•	6417(d)(1)(A) Applicable entity			
H CI	heck if filing only to	claim	Credit from Form 8941 Refund shown on Form 2439 Elective paymen	nt ame	ount from Form 3800	
I CI	heck if a 501(c)(3)	organiz	ation filing a consolidated return with a 501(c)(2) titleholding corporation			
J Er	nter the number of	attach	ed Schedules A (Form 990-T)		1	
K D	uring the tax year,	was the	e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		Yes X No	
If	"Yes," enter the na	ame an	d identifying number of the parent corporation			
	ne books are in car		respirate number	15-8	83-2701	
Part	t I Total Unr	elate	d Business Taxable Income		_	
1	Total of unrelated	l busine	ess taxable income computed from all unrelated trades or businesses (see instructions)	1	0.	
2	Reserved			2		
3	Add lines 1 and 2			3		
4	Charitable contrib	outions	(see instructions for limitation rules)	4	0.	
5			taxable income before net operating losses. Subtract line 4 from line 3	5		
6		•	ring loss. See instructions	6		
7			ess taxable income before specific deduction and section 199A deduction.			
	Subtract line 6 fro			7		
8			erally \$1,000, but see instructions for exceptions)	8	1,000.	
9			eduction. See instructions	9	1 000	
10			lines 8 and 9	10	1,000.	
11 Dord	Unrelated busine		able income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0.	
				Τ,	0.	
1			as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.	
2			rates. See instructions for tax computation. Income tax on the amount on Tax rate schedule or Schedule D (Form 1041)			
2				2		
3 4a	Amount from For	m 4256	ons i, Part I , line 3, column (q)	3 4a		
+a b	Other tax amount			4b		
5			instructions	5		
6	Tax on noncome	oliant fa	acility income. See instructions	6		
7			th 6 to line 1 or 2, whichever applies	7	0.	
Parl	t III Tax and				•	
	Foreign tax credit	(corpo	orations attach Form 1118; trusts attach Form 1116)			
b	Other credits (see					
С	General business	credit.	Attach Form 3800 (see instructions) 1c			
d			mum tax (attach Form 8801 or 8827)			
е	Total credits. Ad			1e		
2	Subtract line 1e f	rom Pa	rt II, line 7	2	0.	
За			is, Part I, line 3, column (r) (see instructions)			
b	Amount due from					
С	Amount due from	Form	8697 3c			
d	Amount due from	Form	8866 3d			
е	Other amounts de	ue (see	instructions) 3e			
f	Total amounts du	ıe. Add	lines 3a through 3e	3f	0.	
4	Total tax. Add lin	nes 2 ar	nd 3f (see instructions).			
	section 1294. E	nter ta	x amount here	4	0.	

Form 9									F	Page 2
Part	III	Tax and Payments (continued)								
5	Curre	nt net 965 tax liability paid from Form	n 965-A, Part II, column (k)				. 5			0.
6 a	Paym	ents: Preceding year's overpayment	credited to the current year		6a					
b	Curre	nt year's estimated tax payments. Ch	neck if section 643(g) election	n						
	applie	es] 6b					
С					6c					
d	Foreig	gn organizations: Tax paid or withheld			6d					
е		up withholding (see instructions)			6e					
f		t for small employer health insurance			6f					
g		ve payment election amount from Fo			6g					
h		ent from Form 2439			6h					
i		t from Form 4136			6i		\neg			
i		(see instructions)			6j			Al .		
7		payments. Add lines 6a through 6j					. 7	4 .		
8		ated tax penalty (see instructions). C				E	8			
9		lue. If line 7 is smaller than the total o					9			
10		payment. If line 7 is larger than the to		•••			10			
11		the amount of line 10 you want: Cre				Refunde				
Part		Statements Regarding Certa			n (see ins	structions)				
1	At an	y time during the 2024 calendar year,	did the organization have a	n interest in or a	a signature d	or other authori	ty		Yes	No
	over a	a financial account (bank, securities, o	or other) in a foreign country	? If "Yes," the c	rganization	may have to fil	e			
	FinCE	N Form 114, Report of Foreign Bank	and Financial Accounts. If "	Yes," enter the	name of the	foreign count	ν			
	here	, .				Ü	•			х
2	Durin	g the tax year, did the organization re	eceive a distribution from, or	was it the gran	or of, or trai	nsferor to. a				
		n trust?								х
	If "Ye	s," see instructions for other forms th	e organization may have to	file.	, , , , , , , , , , , , , , , , , , , ,					
3		the amount of tax-exempt interest re				\$				
4		available pre-2018 NOL carryovers h		Do not in			carrvove	 er	-	
		n on Schedule A (Form 990-T). Don't								
5		2017 NOL carryovers. Enter the Busin								
		mounts shown below by any NOL cla			-					
-		Business Activity				e post-2017 N		over		
			25990	\$		<u> </u>		76,111.	_	
				\$						
				\$						
				\$					\neg	
6 a	Reser	ved for future use		•						
b		ved for future use	<u> </u>							
Part		Supplemental Information								
Provide	anv a	dditional information. See instruction	<u> </u>							
	, a, a.		- .							
-										
	Ur	nder penalties of perjury, I declare that I have exam	nined this return, including accompany	ing schedules and st	atements, and to	the best of my kno	wledge and	d belief, it is	true,	
Sign	CC	prrect, and complete. Declaration of preparer (other	r than taxpayer) is based on all informa	ition of which prepare	er has any know	leage.		100 "		
Here				PRESIDENT			,	iks discuss arer shown b	this return w	/ith
	S	ignature of officer	Date	Title			instructio		Yes	No
	<u> </u>	Print/Type preparer's name	Preparer's signature	D	ate	Check	if P	TIN	•	
Paid				-		self-employe				
Prepa	ror	KATHY FAIRCHILD	KATHY FAIRCHILD	11	/03/25			P002226	08	
Use C		Firm's name RSM US LLP	•			Firm's EIN		42-07	14325	
U36 (Zi ii y	400 LOCUST ST,	STE 640							
		Firm's address DES MOINES, IA	50309-2354			Phone no.	515-5	58-660	0	

Phone no. 515-558-6600 Form **990-T** (2024)

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

Go to www.irs.gov/Form990T for instructions and the latest information.

Department of the Treasury Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Internal Revenue Service 501(c)(3) Organizations Only COMMUNITY FDN OF GREATER DES MOINES B Employer identification number Name of the organization F/K/A GREATER DES MOINES COMMUNITY FDN 42-6139033 D Sequence: Unrelated business activity code (see instructions) INVESTMENT IN PARTNERSHIPS **E** Describe the unrelated trade or business Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1a Gross receipts or sales **b** Less returns and allowances 1c Cost of goods sold (Part III, line 8) 2 2 Gross profit. Subtract line 2 from line 1c 3 4a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions 4a b Net gain (loss) (Form 4797) (attach Form 4797). See instructions 4b Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 1 -52,541. Rent income (Part IV) 6 Unrelated debt-financed income (Part V) 7 8 Interest, annuities, royalties, and rents from a controlled organization (Part VI) 8 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) Exploited exempt activity income (Part VIII) 10 10 11 11 Advertising income (Part IX) Other income (see instructions; attach statement) 12 12 -52,541. -52,541. 13 **Total.** Combine lines 3 through 12 Part II Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income Compensation of officers, directors, and trustees (Part X) 2 2 Salaries and wages Repairs and maintenance 3 3 4 4 Bad debts Interest (attach statement). See instructions 5 5 Taxes and licenses 6 6 Depreciation (attach Form 4562). See instructions 7 8b 8 9 9 10 Contributions to deferred compensation plans 10 Employee benefit programs 11 11 Excess exempt expenses (Part VIII) 12 12 Excess readership costs (Part IX) 13 13 Other deductions (attach statement) SEE STATEMENT 2 9,447. 14 9,447. Total deductions. Add lines 1 through 14 15 15 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, 16 16

Deduction for net operating loss. See instructions

Unrelated business taxable income. Subtract line 17 from line 16

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2024

17

0.

-61,988.

17

Part	III Cost of Goods Sold Enter meth	hod of inventory valua	tion		<u> </u>
1	Inventory at beginning of year			1	
2	Purchases			2	
3	Cost of labor			3	
4	Additional section 263A costs (attach statement)			4	
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter h				
9	Do the rules of section 263A (with respect to property p	oroduced or acquired	for resale) apply to the	organization?	Yes No
Part	IV Rent Income (From Real Property and	l Personal Prope	rty Leased With F	Real Property)	
1	Description of property (property street address, city, s	tate, ZIP code). Check	if a dual-use. See inst	ructions.	
	A				
	В 🔲				
	c 🗆				
	D				
		Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c, columns A	A through D. Enter her	e and on Part I, line 6,	column (A)	0.
	Deductions directly connected with the income				
4	in lines 2a and 2b (attach statement)				
5	Total deductions. Add line 4, columns A through D	nter here and on Part	, line 6, column (B)		0.
Part	V Unrelated Debt-Financed Income (se	ee instructions)			
1	Description of debt-financed property (street address, c	city, state, ZIP code). (Check if a dual-use. Se	e instructions.	
	A				
	В				
	С				
	D			,	
		Α	В	С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D)	. Enter here and on Pa	urt I, line 7, column (A)		0.
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A thr	ough D. Enter here an	d on Part I, line 7, colu	mn (B)	0.
11	Total dividends-received deductions included in line			• —	0.

Part	VI Interest, Annu	ities, Ro	oyalties, and Re	ents Fron	m Contro	lled O	rganization	S (see instruc	tions)	Page 3
	·							lled Organization		
	Name of controlled organization	d	2. Employer identification number	incom	unrelated ne (loss) tructions)	l	al of specified nents made	5. Part of colu that is included controlling orgation's gross inc	in the aniza-	6. Deductions directly connected with income in column 5
<u>(1)</u>										
(2)										
(3)										
(4)										
	Tavabla la sama	0.1			Controlled Or			-fl		Dadwatiana dinastiv
,	. Taxable Income	in	Net unrelated acome (loss) e instructions)		otal of specif yments mad		that is inc	of column 9 sluded in the organization's income		Deductions directly connected with come in column 10
(1)										
(2)										*
(3)										
(4)										
							Enter here	nns 5 and 10. and on Part I, column (A).	Ente	d columns 6 and 11. er here and on Part I, ine 8, column (B).
Totals								0.		0.
Part	VII Investment I	ncome	of a Section 50	1(c)(7), (9	9), or (17)	Orgar	nization (s	ee instructions)		
	1. Desc	ription of	income		2. Amou incon		3. Deduction directly connected (attach states	ected (attach s	-asides tatemer	5. Total deductions and set-asides (add cols 3 and 4)
(1)										
(2)										
(3)										
(4)										
					Add amou column 2.					Add amounts in column 5. Enter
					here and or	n Part I,				here and on Part I,
					line 9, colu					line 9, column (B).
Totals Part	VIII Exploited E	vomat A	ctivity Income	Othor T	han Adve	0.	l lnoomo	/ti	\	0.
	Description of exploite			, Ouler I	nan Auve	ı uəniç	g income (see instructions) 	
1 2	Gross unrelated busine	,		nose Entor	horo and o	n Dort I	line 10. colum	ο (Δ)	2	
3	Expenses directly con									
·	•		- T						3	
4	Net income (loss) from									
-	, ,					•			4	
5	Gross income from act	ivity that i	s not unrelated bus	iness incon	ne				5	
6	Expenses attributable								6	
7	Excess exempt expens	ses. Subtr	act line 5 from line 6	6, but do no	ot enter more	e than th	ne amount on l	ine		
	4. Enter here and on P	art II, line	12						7	

Schedule A (Form 990-T) 2024

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	alc A (1 01111 000 1) 2024				ıαç	JC 7
Part	IX Advertising Income					
1	Name(s) of periodical(s). Check box if reporting	g two or more periodicals on a	consolidated basi	S.		
	Α					
	В					
	c 🗆					
	D .					
Enter a	mounts for each periodical listed above in the	corresponding column				
Lintor	imodrito for edori portedicar noted above in the	A	В	С	D	
2	Gross advertising income					
a	Add columns A through D. Enter here and on	· · · · · · · · · · · · · · · · · · ·	1			0.
а	Add coldinins A through b. Enter here and on	rarti, iiile 11, column (A)				
•	Direct advertising costs by periodical					
3		Dort Line 11 column (D)			1	0.
а	Add columns A through D. Enter here and on	Part I, line 11, column (b)			4	٠.
	Advantage projection of the second se					
4	Advertising gain (loss). Subtract line 3 from lin	ie			′	
	2. For any column in line 4 showing a gain,				,	
	complete lines 5 through 8. For any column ir					
	line 4 showing a loss or zero, do not complete					
_			ļ .			
5	Readership costs			^		
6	Circulation income					
7	Excess readership costs. If line 6 is less than					
	line 5, subtract line 6 from line 5. If line 5 is les			7		
	than line 6, enter -0-					
8	Excess readership costs allowed as a		· \			
	deduction. For each column showing a gain of	on C				
а	Add line 8, columns A through D. Enter the gr	eater of the line 8a columns to	al or -0- here and	on		_
.	Part II, line 13					0.
Part	X Compensation of Officers, Dir	ectors, and Trustees (s	ee instructions)	т т		
		()		3. Percentage	4. Compensation	
	1. Name	2. Title		of time devoted	attributable to	
		, 6		to business	unrelated business	
(1)				%		
(2)				%		
(3)				%		
(4)		<u> </u>		%		
	Enter here and on Part II, line 1					0.
Part	XI Supplemental Information (se	e instructions)				
	\sim					
						_

FORM 990-T (A) INCOME (LOSS) FROM PA	RTNERSHIPS	STATEMENT 1
			NET INCOME
DESCRIPTION			OR (LOSS)
MONTAUK TRIGUARD FUND V LP - ORD	INARY BUSINES	S INCOME	
(LOSS) MONTAUK TRIGUARD FUND VII LP - O	DDTNADV BIIGTN	ECC INCOME	-8,114.
(LOSS)	KDINAKI BOSIN	ESS INCOME	-45,017.
NORTHGATE IV, LP - ORDINARY BUSI			1,929.
NEWBURY IV LP - ORDINARY BUSINES CHARITY GARDENS - ORDINARY BUSIN	-	-	-40. -1,299.
CIMALII CAADING CADINAAL DODIN	LOD INCOME (L		2,000.
TOTAL INCLUDED ON SCHEDULE A, PA	RT I, LINE 5		-52,541.
		_()	
FORM 990-T (A)	OTHER DEDUCTION	ONS	STATEMENT 2
DESCRIPTION			AMOUNT
			
INVESTMENT FEES			9,447.
TOTAL TO SCHEDULE A, PART II, LI	NE 14		9,447.
	0~		
990-T SCH A POST-2017 N	ET OPERATING	LOSS DEDUCTION	STATEMENT 3
	Loss		
TAX YEAR LOSS SUSTAINED	REVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
	····		
12/31/20 79,330. 12/31/21 55,474.	0. 0.	79,330. 55,474.	79,330. 55,474.
12/31/21 68,545.	0.	68,545.	68,545.
12/31/23 72,762.	0.	72,762.	72,762.
NOL CARRYOVER AVAILABLE THIS YEA	R	276,111.	276,111.

Form **4626**

Alternative Minimum Tax-Corporations

2024

Department of the Treasury Internal Revenue Service Attach to your tax return.

Go to www.irs.gov/Form4626 for instructions and the latest information.

2024

OMB No. 1545-0123

Name of corporation					ntification nu	ımber (EIN)
	COMMUNITY FDN OF GREATER DES MOINES					
	F/K/A GREATER DES MOINES COMMUNITY FDN 42-6139033					33
A	Is the corporation filing this form a member of a controlled group treated as a single	employ	ver under sections 59(k)(1)(D) an	d 52?	Yes	X No
	If "Yes," the corporation must complete Part V listing the names, EINs, and	l separ	ate company financial			
	statement income or loss for each member of the controlled group treated					
	account in the determination of "applicable corporation" under section 59(l		0 , ,			
	Is the corporation filing this form a member of a foreign-parented multinational grou			59(k)(2)(B)? [Yes	X No
	If "Yes," the corporation must complete Part V listing the names, EINs, and		, -			
	statement income or loss for each member of the FPMG under section 59(l					
Pa	rt I Applicable Corporation Determination (Report all am	ounts	in U.S. dollars.)			
	If you have already determined in current or prior years you are an a			d continue to P	art II.	
			(a) First Preceding (b) Sec	ond Preceding	(c) Third	Preceding
			Year Ended Y	ear Ended	Year	Ended
1	Net income or loss per applicable financial statement(s) (AFS) (see inst):					
а	Consolidated net income or loss per the AFS of the corporation	1a				
b	Include AFS net income or loss of other includible entities (add					
	net income and subtract net loss)	1b				
С	Exclude AFS net income or loss of excludible entities (add net					
	loss and subtract net income)	1c				
d	Adjustment for certain consolidating entries (see instructions)	1d_				
е	Specified additional net income or loss item B. Reserved for future use	1 e				
f	AFS net income or loss of all entities in the test group before					
	adjustments. Combine lines 1a through 1d	1f				
2	Adjustments (see instructions):					
а	Financial statements covering different tax years	2a				
b	Corporations that are not included on the taxpayer's consolidated					
	return	2b				
С	Aggregate pro-rata share of adjusted net income from controlled foreign					
	corporations (CFCs) for which the corporation is a U.S. shareholder. If zero or less, enter -0- (attach Schedule A (Form 4626)) (see instructions for special rules					
	if completing this form for an FPMG)	2c				
d	Amounts that are not effectively connected to a U.S. trade or business					
	(see instructions for special rules if completing this form for an FPMG)	2d				
е	Certain taxes	2e				
f	Patronage dividends and per-unit retain allocations (cooperatives only)	2f				
g	Alaska native corporations	2g				
h	Certain credits	2h				
i	Mortgage servicing income	2i				
j	Tax-exempt entities (organizations subject to tax under section 511)	2j				
k	Depreciation	2k				
- 1	Qualified wireless spectrum	21				
m	Covered transactions	2m				
n	Adjustments related to bankruptcy and insolvency	2n				
0	Certain insurance company adjustments	20				
р	Adjustment P - Reserved for future use	2p				
q	Adjustment Q - Reserved for future use	2 q				
r	Adjustment R - Reserved for future use	2r				
s	Adjustment S - Reserved for future use	2s				
z	Other	2z				
3	Specified adjustment. Reserved for future use	3				
4	Total adjustments. Combine lines 2a through 2z	4				
5	AFSI. Combine lines 1f and 4	5				
6	AFSI of first, second, and third preceding tax years. Combine columns (a),	(b), ar	nd (c) of line 5	6		
7	3-year average annual AFSI (see instructions)			7		

Page 2 Form 4626 (2024)

Part	Applicable Corporation Determination (Report all amo	unts in U.S.	dollars.) (continued	d)	Ī
8	Is line 7 more than \$1 billion?		•	,	
	Yes. Continue to line 9.				
	No. STOP here and attach to your tax return.				
9	Is the corporation a member of an FPMG within the meaning of section s	59(k)(2)(B)?			
	Yes. Continue to line 10.				
	No. Continue to Part II.				
			(a)	(b)	(c)
			First Preceding	Second Preceding	Third Preceding
			Year Ended	Year Ended	Year Ended
10	AFSI for purposes of the \$100 million test before adjustments:			4	
а	AFSI from line 5	10a		. \	
b	Aggregation differences (see instructions)				
С	Total AFSI for purposes of the \$100 million test before adjustments.				
	Combine lines 10a and 10b	10c			
11	Adjustments:				
а	Income not effectively connected to a U.S. trade or business	11a		· U	
	Aggregate pro-rata share of adjusted net income from CFCs for			1	
	which the corporation is a U.S. shareholder. If zero or less, enter				
	-0- (attach Schedule A (Form 4626)) (see instructions)	11b			
С	Reserved for future use - Other adjustments 1				
	Reserved for future use - Other adjustments 2				
12	Total adjustments. Combine lines 11a and 11b				
13	Total AFSI for purposes of the \$100 million test. Combine lines				
	10c and 12	13			
14	AFSI of first, second, and third preceding tax years. Combine columns ((c) of line 13	14	
15	3-year average annual AFSI for purposes of the \$100 million test	(a), (b), and	(0) 01 1110 10	15	
16	Is line 15 \$100 million or more?				
	Yes. Continue to Part II.				
	No. STOP here. Attach to your tax return.				
	Hororor Hore. Attach to your tax rotain.				Form 4626 (2024)
					1 31111 1020 (2021)
	. (1				
	PUBILIO				
	X				
	•				

Form	4626 (2024)		Page 3
Pai	t II Corporate Alternative Minimum Tax (CAMT)		
1	Net income or loss per AFS (see instructions):		
а	Consolidated net income or loss per the AFS of the corporation	1a	-62,988.
b	Include AFS net income or loss of other includible entities (add net income and subtract net loss)	1b	
С	Exclude AFS net income or loss of excludible entities (add net loss and subtract net income)	1c	
d	Adjustment for certain consolidating entries (see instructions)	1d	
е	Specified additional net income or loss item D. Reserved for future use	1e	
f	AFS net income or loss before adjustments. Combine lines 1a through 1d	1f	-62,988.
2	Adjustments (see instructions):		
а	Financial statements covering different tax years	2a	
b	Reserved for future use - Adjustment 2b	2b	
С	Corporations that are not included on the taxpayers - consolidated return (see instructions)	2c	
d	The corporation's distributive share of adjusted financial statement income of partnerships	2d	4
е	Aggregate pro-rata share of adjusted net income from CFCs for which the corporation is a U.S.		
	shareholder. Enter the amount from Part VI, Section II, line 3	2e	
f	Amounts that are not effectively connected to a U.S. trade or business	2f	
g	Certain taxes. Enter the amount from Part III, line 7	2g	
h	Patronage dividends and per-unit retain allocations (cooperatives only)	2h	
i	Alaska native corporations	2i	
j	Certain credits	2 <u>j</u>	
k	Mortgage servicing income	2k	
ı	Covered benefit plans described in section 56A(c)(11)(B)	2I	
m	Tax-exempt entities (organizations subject to tax under section 511)	2m	
n	Depreciation	2n	
0	Qualified wireless spectrum	20	
р	Covered transactions	2p	
q	Adjustments related to bankruptcy and insolvency	2q	
r	Certain insurance company adjustments	2r	
S	AFSI adjustment S - Reserved for future use AFSI adjustment T - Reserved for future use	2s 2t	
t u		2u	
z	AFSI adjustment U - Reserved for future use Other	2z	
3	Total adjustments. Combine lines 2a through 2z	3	
4	AFSI before financial statement net operating loss carryover. Combine lines 1f and 3	4	-62,988.
5	Financial statement net operating loss (FSNOL) (see instructions)	5	,
6	AFSI. Subtract line 5 from line 4. If zero or less, enter -0-	6	
7	Multiply line 6 by 15% (0.15)	7	
8	Corporate alternative minimum tax foreign tax credit (CAMT FTC). Enter amount from Part IV, Section I, line 6 (see inst)	8	
9	Tentative minimum tax. Subtract line 8 from line 7. If zero or less, enter -0-)	9	
10	Regular tax liability (see instructions)	10	
11	Base erosion minimum tax (see instructions)	11	
12	Combine lines 10 and 11	12	
13	Alternative minimum tax. Subtract line 12 from line 9. If zero or less, enter -0 Enter here and on Form		
	1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	13	
Pai	t III Adjustment for Certain Taxes Under Section 56A(c)(5)		
1	Current income tax provision - Foreign	1	
2	Current income tax provision - Federal	2	
3	Deferred income tax provision - Foreign	3	
4	Deferred income tax provision - Federal	4	
5	Income taxes included in equity method investment income	5	
	Adjustment A - Reserved for future use Adjustment B - Reserved for future use	6a 6b	
	A	6c	
		6d	
	Adjustment D - Reserved for future use Adjustment E - Reserved for future use	6e	
	Adjustment F - Reserved for future use	6f	
	Adjustment G - Reserved for future use	6g	
	Adjustment H - Reserved for future use	6h	
	Income taxes in other places	6z	
	Total. Combine lines 1 through 6z. Enter here and on Part II, line 2g	7	

Form 4626 (2024) Page 4

		porate Alternative Minimum Tax - Foreign Tax Credit			
Sec	tion I - CA	MT Foreign Tax Credit			
1	Domestic co	prporation CAMT foreign income taxes:			
а	Total foreign	n taxes paid or accrued as reported on Form 1118, Schedule B,			
	Part I, colun	nn 2(j)			
b	Adjustment				
С	Adjustment	1c			
d	Adjustment				
е	Adjustment				
f	Adjustment				
g	Adjustment				
2	•	stic corporation CAMT foreign income taxes. Combine lines 1a through 1g	•	2 4	
3		FC CAMT foreign income taxes:			
а		re of CFC CAMT foreign income taxes from Part IV, Section II, line			
		(n) <u>3a</u>			
b		<u>3b</u>			
С		f excess foreign taxes (from Part IV, Section III, line 4, column (vii))			
d		AMT foreign income taxes. Add lines 3a, 3b, and 3c		3d	
е		specified in section 55(b)(2)(A)(i)	15%		
f		pro-rata share of adjusted net income from CFCs for which the			
		is a U.S. shareholder. Enter the amount from Part VI, Section II,			
	•	nstructions)			
g	CFC CAMT	FTC limitation (multiply line 3e by line 3f)		3g	
h	Allowable C	FC CAMT foreign income taxes (lesser of line 3d or line 3g)		3h	
4		Line 4 - Reserved for future use		4	
5		Line 5 - Reserved for future use		5	
6		foreign income taxes. Combine lines 2 and 3h. Enter this amount on Part II, line 8.		6	
					Form 4626 (2024)
		. ()			
		PUBLIC			
	•				
		X			
		▼			

ag PDF Attachment

Taxpayer: Community Foundation of Greater Des Moines

EIN: 42-6139033

STATEMENT PURSUANT TO TREAS. REG. § 1.6038B-1(c) & § 1.6038B-1T(c) Transfer of Property To a Foreign Corporation

Attachment to Form 926, Part III

1.6038B-1(c)(1) - Transferor: U.S. Person: Community Foundation of Greater Des Moines

U.S. TIN, if any: 42-6139033 Address: 1915 Grand Ave

Des Moines, IA 50309-7271

1.6038B-1T(c)(2)(i) - Transferee: Foreign Corporation: PEG Global Private Equity VII Offshore Special L.P.

U.S. TIN, if any: 98-1398083

Address: Trident Trust Company (Cayman) Limited, One Capital Place, PO Box 847

Grand Cayman, Cayman Islands KY1-1103

Country of incorporation: Cayman Islands

1.6038B-1T(c)(2)(ii) - Other Parties Involved: Name: Not Applicable.

U.S. TIN, if any: Not Applicable. Address: Not Applicable.

1.6038B-1T(c)(2)(ii) - Additional Transfer Information:

Date of Transfer: 12/31/2024

U.S. Person Transferred the Following Property to the Transferee: Cash

\$ 5,562

Amount Transferred: \$ Section 351

1.6038B-1T(c)(3) - Consideration Received: Description: Additional Paid in Capital

Estimated Fair Market Value: \$ 5,562
Class or Type: If Stock or Securities: Not Applicable.
Number of Shares, If any: Not Applicable.
Voting/Dividend Rights: Consistent with existing ownership interest

1.6038B-1(c)(4) - Description of Transfer: Fair Market Value of Cash: \$ 5,562

Basis in Business Cash: \$ 5,562

Fair Market Value of Business Assets:

Not Applicable.

Basis in Business Assets:

Not Applicable.

Fair Market Value of Other Current Assets:

Basis in Business Other Current Assets:

Not Applicable.

Not Applicable.

Fair Market Value of Land:

Basis in Business Land:

Not Applicable.

Not Applicable.

Fair Market Value of Stock & Securities:

Basis in Stock & Securities:

Class or Type of Stock & Securities:

Not Applicable.

Not Applicable.

Fair Market Value of Depreciable Assets: Not Applicable.
Basis in Business Depreciable Assets: Not Applicable.

Fair Market Value of Other Long Term Assets: Not Applicable.

Basis in Business Other Long Term Assets: Not Applicable.

Fair Market Value of Intangible Assets:

Basis in Business Intangible Assets:

Not Applicable.

Not Applicable.

Fair Market Value of Liabilities in Active Trade or Business:

Not Applicable.

Basis in Liabilities in Active Trade or Business:

Not Applicable.

Taxpayer: Community Foundation of Greater Des Moines

EIN: 42-6139033

1.6038B-1(c)(4) - Description of Transfer: Fair Market Value of Property Not Transferred For Use In The

Active Conduct Of A Trade Or Business:

Basis of Property Not Transferred For Use In The

Active Conduct Of A Trade Or Business:

Not Applicable.

Not Applicable.

Fair Market Value of Property Transferred Under Compulsion:

Basis of Property Transferred Under Compulsion:

Not Applicable. Not Applicable.

Certain Ineligible Property:

Fair Market Value in Inventory:

Basis in Inventory:

Not Applicable. Not Applicable.

Fair Market Value in Installment Obligations:

Basis in Installment Obligations:

Not Applicable. Not Applicable.

Fair Market Value in Foreign Currency

Basis in Foreign Currency:

Not Applicable. Not Applicable.

Fair Market Value in Leased Property:

Not Applicable. Not Applicable.

Basis in Leased Property:

Fair Market Value in Other Property:

Basis in Other Property.

Not Applicable.

Not Applicable.

1.6038B-1(c)(5) - Transfer of foreign branch with previously deducted losses:

NBILO

1.6038B-1(c)(6) - Application of section 367(a)(5):

Not Applicable.

Not Applicable.

To the best of my knowledge and belief, the information provided in this statement is true, correct, and complete. Declaration:

Taxpayer: Community Foundation of Greater Des Moines

EIN: 42-6139033

STATEMENT PURSUANT TO TREAS. REG. § 1.6038B-1(c) & § 1.6038B-1T(c) Transfer of Property To a Foreign Corporation

Attachment to Form 926, Part III

1.6038B-1(c)(1) - Transferor: U.S. Person: Community Foundation of Greater Des Moines

U.S. TIN, if any: 42-6139033 Address: 1915 Grand Ave

Des Moines, IA 50309-7271

1.6038B-1T(c)(2)(i) - Transferee: Foreign Corporation: PEG Global Private Equity XI SCSp SICAV-RAIF

U.S. TIN, if any: 98-1653815 Address: 7, Rue Genistre

Grand Duchy of Luxembourg, Luxembourg L-1623

Country of incorporation: Luxembourg

1.6038B-1T(c)(2)(ii) - Other Parties Involved: Name: Not Applicable.

U.S. TIN, if any: Not Applicable.
Address: Not Applicable.

1.6038B-1T(c)(2)(ii) - Additional Transfer Information:

Date of Transfer: 12/31/2024

U.S. Person Transferred the Following Property to the Transferee: Cash

Amount Transferred: \$ 900,000

Non Recognition Transaction, if any: Section 351

1.6038B-1T(c)(3) - Consideration Received: Description: Additional Paid in Capital

Estimated Fair Market Value: \$900,000
Class or Type: If Stock or Securities: Not Applicable.
Number of Shares, If any: Not Applicable.
Voting/Dividend Rights: Consistent with existing ownership interest

1.6038B-1(c)(4) - Description of Transfer: Fair Market Value of Cash: \$ 900,000

Basis in Business Cash: \$ 900,000

Fair Market Value of Business Assets:

Basis in Business Assets:

Not Applicable.

Not Applicable.

Fair Market Value of Other Current Assets:

Basis in Business Other Current Assets:

Not Applicable.

Not Applicable.

Fair Market Value of Land:

Basis in Business Land:

Not Applicable.

Not Applicable.

Fair Market Value of Stock & Securities:

Basis in Stock & Securities:

Class or Type of Stock & Securities:

Not Applicable.

Not Applicable.

Fair Market Value of Depreciable Assets: Not Applicable.

Basis in Business Depreciable Assets: Not Applicable.

Fair Market Value of Other Long Term Assets: Not Applicable.

Basis in Business Other Long Term Assets: Not Applicable.

Fair Market Value of Intangible Assets: Not Applicable.

Basis in Business Intangible Assets: Not Applicable.

Fair Market Value of Liabilities in Active Trade or Business:

Not Applicable.

Basis in Liabilities in Active Trade or Business:

Not Applicable.

Taxpayer: Community Foundation of Greater Des Moines

EIN: 42-6139033

1.6038B-1(c)(4) - Description of Transfer: Fair Market Value of Property Not Transferred For Use In The

Active Conduct Of A Trade Or Business:

Basis of Property Not Transferred For Use In The

Active Conduct Of A Trade Or Business:

Not Applicable.

Not Applicable.

Fair Market Value of Property Transferred Under Compulsion:

Basis of Property Transferred Under Compulsion:

Not Applicable. Not Applicable.

Certain Ineligible Property:

Fair Market Value in Inventory:

Basis in Inventory:

Not Applicable. Not Applicable.

Fair Market Value in Installment Obligations:

Basis in Installment Obligations:

Not Applicable. Not Applicable.

Fair Market Value in Foreign Currency

Basis in Foreign Currency:

Not Applicable. Not Applicable.

Fair Market Value in Leased Property:

Not Applicable. Not Applicable.

Basis in Leased Property:

Fair Market Value in Other Property:

Basis in Other Property.

Not Applicable.

Not Applicable.

1.6038B-1(c)(5) - Transfer of foreign branch with previously deducted losses:

NBILO

1.6038B-1(c)(6) - Application of section 367(a)(5):

Not Applicable.

Not Applicable.

To the best of my knowledge and belief, the information provided in this statement is true, correct, and complete. Declaration: