

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2012

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service

For calendar year 2012 or other tax year beginning , and ending

Form header section containing: A Check box if address changed; B Exempt under section 501(c)(3); C Book value of all assets at end of year; D Employer identification number; E Unrelated business activity codes; F Group exemption number; G Check organization type.

H Describe the organization's primary unrelated business activity. INVESTMENT IN PARTNERSHIPS

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No

J The books are in care of KARLA JONES-WEBER Telephone number 515-883-2701

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows 1-13 detailing income and expenses.

Part II Deductions Not Taken Elsewhere (see instructions for limitations on deductions) (except for contributions, deductions must be directly connected with the unrelated business income)

Table with 4 columns: Line number, Description, Sub-column, Total. Rows 14-34 detailing deductions and taxable income.

<b>Part III Tax Computation</b>	
<b>35 Organizations taxable as corporations</b> (see instructions for tax computation). Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> <b>See instructions and:</b>	
<b>a</b> Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____	
<b>b</b> Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____	
<b>c</b> Income tax on the amount on line 34	<b>35c</b> 26,876.
<b>36 Trusts taxable at trust rates</b> (see instructions for tax computation). Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	<b>36</b>
<b>37 Proxy tax</b> (see instructions)	<b>37</b>
<b>38 Alternative minimum tax</b>	<b>38</b>
<b>39 Total.</b> Add lines 37 and 38 to line 35c or 36, whichever applies	<b>39</b> 26,876.

<b>Part IV Tax and Payments</b>	
<b>40a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<b>40a</b>
<b>b</b> Other credits (see instructions)	<b>40b</b>
<b>c</b> General business credit. Attach Form 3800	<b>40c</b>
<b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827)	<b>40d</b>
<b>e Total credits.</b> Add lines 40a through 40d	<b>40e</b>
<b>41</b> Subtract line 40e from line 39	<b>41</b> 26,876.
<b>42</b> Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	<b>42</b>
<b>43 Total tax.</b> Add lines 41 and 42	<b>43</b> 26,876.
<b>44a</b> Payments: A 2011 overpayment credited to 2012	<b>44a</b>
<b>b</b> 2012 estimated tax payments	<b>44b</b>
<b>c</b> Tax deposited with Form 8868	<b>44c</b>
<b>d</b> Foreign organizations: Tax paid or withheld at source (see instructions)	<b>44d</b>
<b>e</b> Backup withholding (see instructions)	<b>44e</b>
<b>f</b> Credit for small employer health insurance premiums (Attach Form 8941)	<b>44f</b>
<b>g</b> Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total	<b>44g</b>
<b>45 Total payments.</b> Add lines 44a through 44g	<b>45</b>
<b>46</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	<b>46</b> 618.
<b>47 Tax due.</b> If line 45 is less than the total of lines 43 and 46, enter amount owed	<b>47</b> 27,494.
<b>48 Overpayment.</b> If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	<b>48</b>
<b>49</b> Enter the amount of line 48 you want: <b>Credited to 2013 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>	<b>49</b>

<b>Part V Statements Regarding Certain Activities and Other Information</b> (see instructions)	
<b>1</b> At any time during the 2012 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> X
<b>2</b> During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.	Yes No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> X
<b>3</b> Enter the amount of tax-exempt interest received or accrued during the tax year \$	Yes No <input type="checkbox"/> <input type="checkbox"/>

<b>Schedule A - Cost of Goods Sold.</b> Enter method of inventory valuation <input type="checkbox"/> <b>N/A</b>	
<b>1</b> Inventory at beginning of year	<b>1</b>
<b>2</b> Purchases	<b>2</b>
<b>3</b> Cost of labor	<b>3</b>
<b>4a</b> Additional section 263A costs (att. statement)	<b>4a</b>
<b>b</b> Other costs (attach statement)	<b>4b</b>
<b>5 Total.</b> Add lines 1 through 4b	<b>5</b>
<b>6</b> Inventory at end of year	<b>6</b>
<b>7 Cost of goods sold.</b> Subtract line 6 from line 5. Enter here and in Part I, line 2	<b>7</b>
<b>8</b> Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes No <input type="checkbox"/> <input type="checkbox"/>

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.

<b>Sign Here</b>	Signature of officer _____ Date _____ Title <b>PRESIDENT</b>	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>KAY HEGARTY</b>	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN <b>P00091057</b>
	Firm's name <b>MCGLADREY LLP</b>			Firm's EIN <b>42-0714325</b>	
	Firm's address <b>400 LOCUST ST, STE 640</b>			Phone no. <b>515-558-6600</b>	
	Firm's address <b>DES MOINES, IA 50309-2354</b>				

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)** (see instructions)

1. Description of property		
(1)		
(2)		
(3)		
(4)		
2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach statement)
(a) 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)	
(1)		
(2)		
(3)		
(4)		
Total	0.	Total
Total		0.
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) .....		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ...
		0.

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach statement)	(b) Other deductions (attach statement)
(1)				
(2)				
(3)				
(4)				
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. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals .....			0.	0.
Total dividends-received deductions included in column 8 .....			0.	0.

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
Totals .....			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).	
			0.	0.	

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization**

(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b>	0.			0.

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income**

(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b>	0.	0.				0.

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals (carry to Part II, line (5))</b>	0.	0.				0.

**Part II Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b>	0.	0.				0.
<b>Totals, Part II (lines 1-5)</b>	0.	0.				0.

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total. Enter here and on page 1, Part II, line 14</b>			0.

**Alternative Minimum Tax - Corporations**

▶ Attach to the corporation's tax return.

▶ Information about Form 4626 and its separate instructions is at [www.irs.gov/form4626](http://www.irs.gov/form4626).

**2012**

Name <b>COMMUNITY FDN OF GREATER DES MOINES F/K/A GREATER DES MOINES COMMUNITY FDN</b>		Employer identification number <b>42-6139033</b>
<b>Note:</b> See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e).		
<b>1</b> Taxable income or (loss) before net operating loss deduction .....	<b>1</b>	<b>497,321.</b>
<b>2 Adjustments and preferences:</b>		
<b>a</b> Depreciation of post-1986 property .....	<b>2a</b>	<b>2,147.</b>
<b>b</b> Amortization of certified pollution control facilities .....	<b>2b</b>	
<b>c</b> Amortization of mining exploration and development costs .....	<b>2c</b>	
<b>d</b> Amortization of circulation expenditures (personal holding companies only) .....	<b>2d</b>	
<b>e</b> Adjusted gain or loss .....	<b>2e</b>	<b>-11,893.</b>
<b>f</b> Long-term contracts .....	<b>2f</b>	
<b>g</b> Merchant marine capital construction funds .....	<b>2g</b>	
<b>h</b> Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only) .....	<b>2h</b>	
<b>i</b> Tax shelter farm activities (personal service corporations only) .....	<b>2i</b>	
<b>j</b> Passive activities (closely held corporations and personal service corporations only) .....	<b>2j</b>	
<b>k</b> Loss limitations .....	<b>2k</b>	
<b>l</b> Depletion .....	<b>2l</b>	
<b>m</b> Tax-exempt interest income from specified private activity bonds .....	<b>2m</b>	
<b>n</b> Intangible drilling costs .....	<b>2n</b>	
<b>o</b> Other adjustments and preferences .....	<b>2o</b>	
<b>3</b> Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 2o .....	<b>3</b>	<b>487,575.</b>
<b>4 Adjusted current earnings (ACE) adjustment:</b>		
<b>a</b> ACE from line 10 of the ACE worksheet in the instructions .....	<b>4a</b>	<b>487,575.</b>
<b>b</b> Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount (see instructions) .....	<b>4b</b>	<b>0.</b>
<b>c</b> Multiply line 4b by 75% (.75). Enter the result as a positive amount .....	<b>4c</b>	
<b>d</b> Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments (see instructions). <b>Note:</b> You <b>must</b> enter an amount on line 4d (even if line 4b is positive) .....	<b>4d</b>	
<b>e</b> ACE adjustment.		
• If line 4b is zero or more, enter the amount from line 4c	}	
• If line 4b is less than zero, enter the <b>smaller</b> of line 4c or line 4d as a negative amount		<b>0.</b>
<b>5</b> Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT .....	<b>5</b>	<b>487,575.</b>
<b>6</b> Alternative tax net operating loss deduction (see instructions) .....	<b>6</b>	<b>348,102.</b>
<b>7</b> <b>Alternative minimum taxable income.</b> Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions .....	<b>7</b>	<b>139,473.</b>
<b>8</b> <b>Exemption phase-out</b> (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c):		
<b>a</b> Subtract \$150,000 from line 7 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0- .....	<b>8a</b>	<b>0.</b>
<b>b</b> Multiply line 8a by 25% (.25) .....	<b>8b</b>	<b>0.</b>
<b>c</b> Exemption. Subtract line 8b from \$40,000 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0- .....	<b>8c</b>	<b>40,000.</b>
<b>9</b> Subtract line 8c from line 7. If zero or less, enter -0- .....	<b>9</b>	<b>99,473.</b>
<b>10</b> Multiply line 9 by 20% (.20) .....	<b>10</b>	<b>19,895.</b>
<b>11</b> Alternative minimum tax foreign tax credit (AMTFTC) (see instructions) .....	<b>11</b>	
<b>12</b> Tentative minimum tax. Subtract line 11 from line 10 .....	<b>12</b>	<b>19,895.</b>
<b>13</b> Regular tax liability before applying all credits except the foreign tax credit .....	<b>13</b>	<b>26,876.</b>
<b>14</b> <b>Alternative minimum tax.</b> Subtract line 13 from line 12. 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 .....	<b>14</b>	<b>0.</b>

JWA For Paperwork Reduction Act Notice, see separate instructions.

Form 4626 (2012)

**Adjusted Current Earnings (ACE) Worksheet**

▶ See ACE Worksheet Instructions.

1 Pre-adjustment AMTI. Enter the amount from line 3 of Form 4626 .....		1	487,575.
2 ACE depreciation adjustment:			
a AMT depreciation .....	2a		
b ACE depreciation:			
(1) Post-1993 property .....	2b(1)		
(2) Post-1989, pre-1994 property .....	2b(2)		
(3) Pre-1990 MACRS property .....	2b(3)		
(4) Pre-1990 original ACRS property .....	2b(4)		
(5) Property described in sections 168(f)(1) through (4) .....	2b(5)		
(6) Other property .....	2b(6)		
(7) Total ACE depreciation. Add lines 2b(1) through 2b(6) .....	2b(7)		
c ACE depreciation adjustment. Subtract line 2b(7) from line 2a .....	2c		
3 Inclusion in ACE of items included in earnings and profits (E&P):			
a Tax-exempt interest income .....	3a		
b Death benefits from life insurance contracts .....	3b		
c All other distributions from life insurance contracts (including surrenders) .....	3c		
d Inside buildup of undistributed income in life insurance contracts .....	3d		
e Other items (see Regulations sections 1.56(g)-1(c)(6)(iii) through (ix) for a partial list) .....	3e		
f Total increase to ACE from inclusion in ACE of items included in E&P. Add lines 3a through 3e .....	3f		
4 Disallowance of items not deductible from E&P:			
a Certain dividends received .....	4a		
b Dividends paid on certain preferred stock of public utilities that are deductible under section 247 .....	4b		
c Dividends paid to an ESOP that are deductible under section 404(k) .....	4c		
d Nonpatronage dividends that are paid and deductible under section 1382(c) .....	4d		
e Other items (see Regulations sections 1.56(g)-1(d)(3)(i) and (ii) for a partial list) .....	4e		
f Total increase to ACE because of disallowance of items not deductible from E&P. Add lines 4a through 4e .....	4f		
5 Other adjustments based on rules for figuring E&P:			
a Intangible drilling costs .....	5a		
b Circulation expenditures .....	5b		
c Organizational expenditures .....	5c		
d LIFO inventory adjustments .....	5d		
e Installment sales .....	5e		
f Total other E&P adjustments. Combine lines 5a through 5e .....	5f		
6 Disallowance of loss on exchange of debt pools .....	6		
7 Acquisition expenses of life insurance companies for qualified foreign contracts .....	7		
8 Depletion .....	8		
9 Basis adjustments in determining gain or loss from sale or exchange of pre-1994 property .....	9		
10 <b>Adjusted current earnings.</b> Combine lines 1, 2c, 3f, 4f, and 5f through 9. Enter the result here and on line 4a of Form 4626 .....	10		487,575.



## FOOTNOTES

## STATEMENT #2

**Net Operating Loss Carryforwards**

	TAX	AMT
NOL GENERATED IN 12/31/09	1,259,185	1,163,018
CARRYBACK TO 2006	(464,329)	(564,254)
CARRYBACK TO 2007	(162,499)	(219,995)
UTILIZED IN 2010	<u>(417,581)</u>	<u>(223,625)</u>
NOL CARRIED FORWARD TO 12/31/11	214,776	155,144
2011 NET OPERATING LOSS	170,684	192,958
NOL CARRIED FORWARD TO 12/31/12	<u><u>385,460</u></u>	<u><u>348,102</u></u>



# Underpayment of Estimated Tax by Corporations

Department of the Treasury  
Internal Revenue Service

▶ Attach to the corporation's tax return. **FORM 990-T**

**2012**

▶ Information about Form 2220 and its separate instructions is at [www.irs.gov/form2220](http://www.irs.gov/form2220).

Name <b>COMMUNITY FDN OF GREATER DES MOINES</b> <b>F/K/A GREATER DES MOINES COMMUNITY FDN</b>	Employer identification number <b>42-6139033</b>
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**Note:** Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38 on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

<b>Part I Required Annual Payment</b>			
1 Total tax (see instructions) .....		<b>1</b>	<b>26,876.</b>
2a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1 .....	<b>2a</b>		
b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method .....	<b>2b</b>		
c Credit for federal tax paid on fuels (see instructions) .....	<b>2c</b>		
d Total. Add lines 2a through 2c .....		<b>2d</b>	
3 Subtract line 2d from line 1. If the result is less than \$500, <b>do not</b> complete or file this form. The corporation does not owe the penalty .....		<b>3</b>	<b>26,876.</b>
4 Enter the tax shown on the corporation's 2011 income tax return (see instructions). <b>Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5</b> .....		<b>4</b>	
5 <b>Required annual payment.</b> Enter the <b>smaller</b> of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3 .....		<b>5</b>	<b>26,876.</b>

<b>Part II Reasons for Filing</b> - Check the boxes below that apply. If any boxes are checked, the corporation <b>must</b> file Form 2220 even if it does not owe a penalty (see instructions).	
<b>6</b>	<input type="checkbox"/> The corporation is using the adjusted seasonal installment method.
<b>7</b>	<input type="checkbox"/> The corporation is using the annualized income installment method.
<b>8</b>	<input type="checkbox"/> The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

<b>Part III Figuring the Underpayment</b>					
		(a)	(b)	(c)	(d)
9 <b>Installment due dates.</b> Enter in columns (a) through (d) the 15th day of the 4th ( <b>Form 990-PF filers:</b> Use 5th month), 6th, 9th, and 12th months of the corporation's tax year .....	<b>9</b>	<b>04/15/12</b>	<b>06/15/12</b>	<b>09/15/12</b>	<b>12/15/12</b>
10 <b>Required installments.</b> If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% of line 5 above in each column. ....	<b>10</b>	<b>6,719.</b>	<b>6,719.</b>	<b>6,719.</b>	<b>6,719.</b>
11 Estimated tax paid or credited for each period (see instructions). For column (a) only, enter the amount from line 11 on line 15 .....	<b>11</b>				
<b>Complete lines 12 through 18 of one column before going to the next column.</b>					
12 Enter amount, if any, from line 18 of the preceding column .....	<b>12</b>				
13 Add lines 11 and 12 .....	<b>13</b>				
14 Add amounts on lines 16 and 17 of the preceding column .....	<b>14</b>		<b>6,719.</b>	<b>13,438.</b>	<b>20,157.</b>
15 Subtract line 14 from line 13. If zero or less, enter -0- .....	<b>15</b>	<b>0.</b>	<b>0.</b>	<b>0.</b>	<b>0.</b>
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- .....	<b>16</b>		<b>6,719.</b>	<b>13,438.</b>	
17 <b>Underpayment.</b> If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18 .....	<b>17</b>	<b>6,719.</b>	<b>6,719.</b>	<b>6,719.</b>	<b>6,719.</b>
18 <b>Overpayment.</b> If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column .....	<b>18</b>				

**Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.**

**Part IV Figuring the Penalty**

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 3rd month after the close of the tax year, whichever is earlier (see instructions). (Form 990-PF and Form 990-T filers: Use 5th month instead of 3rd month.)	19			
20 Number of days from due date of installment on line 9 to the date shown on line 19	20			
21 Number of days on line 20 after 4/15/2012 and before 7/1/2012	21			
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 3\%}{366}$	22	\$	\$	\$
23 Number of days on line 20 after 06/30/2012 and before 10/1/2012	23			
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 3\%}{366}$	24	\$	\$	\$
25 Number of days on line 20 after 9/30/2012 and before 1/1/2013	25			
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 3\%}{366}$	26	\$	\$	\$
27 Number of days on line 20 after 12/31/2012 and before 4/1/2013	27	<b>SEE ATTACHED WORKSHEET</b>		
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 3\%}{365}$	28	\$	\$	\$
29 Number of days on line 20 after 3/31/2013 and before 7/1/2013	29			
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$	30	\$	\$	\$
31 Number of days on line 20 after 6/30/2013 and before 10/01/2013	31			
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$	32	\$	\$	\$
33 Number of days on line 20 after 9/30/2013 and before 1/1/2014	33			
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$	34	\$	\$	\$
35 Number of days on line 20 after 12/31/2013 and before 2/16/2014	35			
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{365}$	36	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$
38 <b>Penalty.</b> Add columns (a) through (d) of line 37. Enter the total here and on Form 1120; line 33; or the comparable line for other income tax returns	38	\$		<b>618.</b>

\* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at [www.irs.gov](http://www.irs.gov). You can also call 1-800-829-4933 to get interest rate information.



• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box  **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions <b>COMMUNITY FDN OF GREATER DES MOINES F/K/A GREATER DES MOINES COMMUNITY FDN</b>	Employer identification number (EIN) or  <b>42-6139033</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1915 GRAND AVENUE</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>DES MOINES, IA 50309-7271</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

**KARLA JONES-WEBER**

• The books are in the care of  **1915 GRAND AVENUE - DES MOINES, IA 50309-7271**  
Telephone No.  **515-883-2701** FAX No.

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2013**.

5 For calendar year **2012**, or other tax year beginning , and ending .

6 If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

7 State in detail why you need the extension  
**THE TAXPAYER REQUESTS ADDITIONAL TIME TO GATHER THE INFORMATION  
NECESSARY TO PREPARE AND FILE A COMPLETE AND ACCURATE RETURN.**

<b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$	<b>0.</b>
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$	<b>0.</b>
<b>c Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$	<b>0.</b>

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title  Date

**Reportable Transaction Disclosure Statement**

▶ **Attach to your tax return.**  
 ▶ **See separate instructions.**

Name(s) shown on return (individuals enter last name, first name, middle initial)  
**COMMUNITY FDN OF GREATER DES MOINES**  
**F/K/A GREATER DES MOINES COMMUNITY FDN**

Identifying number  
**42-6139033**

Number, street, and room or suite no. **1915 GRAND AVENUE**

City or town, state, and ZIP code **DES MOINES, IA 50309-7271**

**A** If you are filing more than one Form 8886 with your tax return, sequentially number each Form 8886 and enter the statement number for this Form 8886 ..... ▶ Statement number 1 of 2

**B** Enter the form number of the tax return to which this form is attached or related ..... ▶ **990-T**  
 Enter the year of the tax return identified above ..... ▶ **2012**  
 Is this Form 8886 being filed with an amended tax return? ..... ▶  Yes  No

**C** Check the box(es) that apply (see instructions).  Initial year filer  Protective disclosure

**1a** Name of reportable transaction  
**LOSSES FROM TRADING ACTIVITIES**

**1b** Initial year participated in transaction

**1c** Reportable transaction or tax shelter registration number

**2** Identify the type of reportable transaction. Check all boxes that apply (see instructions).  
**a**  Listed **c**  Contractual protection **e**  Transaction of interest  
**b**  Confidential **d**  Loss

**3** If you checked box 2a or 2e, enter the published guidance number for the listed transaction or transaction of interest ..... ▶

**4** Enter the number of "same as or substantially similar" transactions reported on this form ..... ▶ **7**

**5** If you participated in this reportable transaction through a partnership, S corporation, trust, and foreign entity, check the applicable boxes and provide the information below for the entity(s) (see instructions). (Attach additional sheets, if necessary.)

**a** Type of entity ..... ▶  Partnership  Trust  Partnership  Trust  
 S corporation  Foreign  S corporation  Foreign

**b** Name  
 ▶ **SEE STATEMENT 2**

**c** Employer identification number (EIN), if known ▶

**d** Date Schedule K-1 received from entity (enter "none" if Schedule K-1 not received) ▶

**6** Enter below the name and address of each individual or entity to whom you paid a fee with regard to the transaction if that individual or entity promoted, solicited, or recommended your participation in the transaction, or provided tax advice related to the transaction. (Attach additional sheets, if necessary.)

a	Name	Identifying number (if known)	Fees paid
			\$

Number, street, and room or suite no.

City or town, State, and ZIP code

b	Name	Identifying number (if known)	Fees paid
			\$

Number, street, and room or suite no.

City or town, State, and ZIP code

7 Facts

a Identify the type of tax benefit generated by the transaction. Check all the boxes that apply (see instructions).

- Deductions       Exclusions from gross income       Absence of adjustments to basis       Tax Credits
- Capital loss       Nonrecognition of gain       Deferral
- Ordinary loss       Adjustments to basis       Other \_\_\_\_\_

b Further describe the amount and nature of the expected tax treatment and expected tax benefits generated by the transaction for all affected years. Include facts of each step of the transaction that relate to the expected tax benefits including the amount and nature of your investment. Include in your description your participation in the transaction and all related transactions regardless of the year in which they were entered into. Also, include a description of any tax result protection with respect to the transaction.

SEE STATEMENT 3

8 Identify all individuals and entities involved in the transaction that are tax-exempt, foreign, or related. Check the appropriate box(es) (see instructions). Include their name(s), identifying number(s), address(es), and a brief description of their involvement. For each foreign entity, identify its country of incorporation or existence. For each individual or related entity, explain how the individual or entity is related. Attach additional sheets, if necessary.

a Type of individual or entity:  Tax-exempt       Foreign       Related

Name	Identifying number
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Address

Description

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b Type of individual or entity:  Tax-exempt       Foreign       Related

Name	Identifying number
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Address

Description

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**Reportable Transaction Disclosure Statement**

▶ **Attach to your tax return.**  
 ▶ **See separate instructions.**

Name(s) shown on return (individuals enter last name, first name, middle initial)  
**COMMUNITY FDN OF GREATER DES MOINES**  
**F/K/A GREATER DES MOINES COMMUNITY FDN**

Identifying number  
**42-6139033**

Number, street, and room or suite no.  
**1915 GRAND AVENUE**

City or town, state, and ZIP code  
**DES MOINES, IA 50309-7271**

**A** If you are filing more than one Form 8886 with your tax return, sequentially number each Form 8886 and enter the statement number for this Form 8886 ..... ▶ Statement number 2 of 2

**B** Enter the form number of the tax return to which this form is attached or related ..... ▶ 990-T  
 Enter the year of the tax return identified above ..... ▶ 2012  
 Is this Form 8886 being filed with an amended tax return? ..... ▶  Yes  No

**C** Check the box(es) that apply (see instructions).  Initial year filer  Protective disclosure

**1a** Name of reportable transaction  
**LOSSES FROM TRADING ACTIVITIES**

**1b** Initial year participated in transaction

**1c** Reportable transaction or tax shelter registration number

**2** Identify the type of reportable transaction. Check all boxes that apply (see instructions).  
**a**  Listed **c**  Contractual protection **e**  Transaction of interest  
**b**  Confidential **d**  Loss

**3** If you checked box 2a or 2e, enter the published guidance number for the listed transaction or transaction of interest .....

**4** Enter the number of "same as or substantially similar" transactions reported on this form .....

**5** If you participated in this reportable transaction through a partnership, S corporation, trust, and foreign entity, check the applicable boxes and provide the information below for the entity(s) (see instructions). (Attach additional sheets, if necessary.)

**a** Type of entity ..... ▶  Partnership  Trust  Partnership  Trust  
 S corporation  Foreign  S corporation  Foreign

**b** Name  
 ▶ **UBS REAL ESTATE OPPORTUNITY FUND** **LLC**

**c** Employer identification number (EIN), if known ..... ▶ **65-1191570**

**d** Date Schedule K-1 received from entity (enter "none" if Schedule K-1 not received) ..... ▶ **08/24/2013**

**6** Enter below the name and address of each individual or entity to whom you paid a fee with regard to the transaction if that individual or entity promoted, solicited, or recommended your participation in the transaction, or provided tax advice related to the transaction. (Attach additional sheets, if necessary.)

<b>a</b> Name	Identifying number (if known)	Fees paid
		\$

Number, street, and room or suite no.

City or town, State, and ZIP code

<b>b</b> Name	Identifying number (if known)	Fees paid
		\$

Number, street, and room or suite no.

City or town, State, and ZIP code

7 Facts

a Identify the type of tax benefit generated by the transaction. Check all the boxes that apply (see instructions).

- Deductions
- Exclusions from gross income
- Absence of adjustments to basis
- Tax Credits
- Capital loss
- Nonrecognition of gain
- Deferral
- Ordinary loss
- Adjustments to basis
- Other \_\_\_\_\_

b Further describe the amount and nature of the expected tax treatment and expected tax benefits generated by the transaction for all affected years. Include facts of each step of the transaction that relate to the expected tax benefits including the amount and nature of your investment. Include in your description your participation in the transaction and all related transactions regardless of the year in which they were entered into. Also, include a description of any tax result protection with respect to the transaction.

SEE STATEMENT 4

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8 Identify all individuals and entities involved in the transaction that are tax-exempt, foreign, or related. Check the appropriate box(es) (see instructions). Include their name(s), identifying number(s), address(es), and a brief description of their involvement. For each foreign entity, identify its country of incorporation or existence. For each individual or related entity, explain how the individual or entity is related. Attach additional sheets, if necessary.

a Type of individual or entity:  Tax-exempt  Foreign  Related

Name	Identifying number
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Address

Description

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b Type of individual or entity:  Tax-exempt  Foreign  Related

Name	Identifying number
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Address

Description

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FORM 8886 PARTICIPATED IN TRANSACTION THROUGH STATEMENT 2  
ANOTHER ENTITY

TRANSACTION NAME: LOSSES FROM TRADING ACTIVITIES

NAME AND EIN OF OTHER ENTITY	TYPE OF ENTITY				DATE K-1 RECEIVED
	PARTNER	S CORP	TRUST	FOREIGN	
NEWBURY EQUITY PARTNERS LP 71-1012623	X				08/07/2013
UBS REAL ESTATE FUND II LLC 20-4079577	X				08/25/2013
UBS PRIVATE EQUITY FUND VII LLC 20-3397400	X				08/06/2013
GLOBAL FIXED INCOME INVESTMENT GRADE BRANDYWINE INVESTMENT TRUST 76-0822143	X				04/03/2013

FORM 8886

STATEMENT 3

THE TAXPAYER RECEIVED SCHEDULE K-1S FROM THE ABOVE ENTITIES REPORTING SECTION 988 LOSSES IN THE AMOUNT OF:

NEWBURY EQUITY PARTNERS LP	(170)
UBS PRIVATE EQUITY FUND VII LLC	(9,537)
UBS REAL ESTATE OPPORTUNITY FUND II LLC	(402)
GLOBAL FIXED INCOME INVESTMENT GRADE	(43,824)
GLOBAL FIXED INCOME INVESTMENT GRADE	(13,320)
GLOBAL FIXED INCOME INVESTMENT GRADE	(13,065)
GLOBAL FIXED INCOME INVESTMENT GRADE	(15,116)
SUM OF REPORTABLE LOSSES	(95,344)

THE TAXPAYER HAS REPORTED THE UBI PORTION OF THE AMOUNT ON LINE 5 ON FORM 990-T. THE TAXPAYER IS FILING FORM 8886 AS A PROTECTIVE MEASURE.

FORM 8886

STATEMENT 4

## SECTION 165 REPORTABLE LOSS TRANSACTION

THE TAXPAYER RECEIVED A SCHEDULE K-1 FROM THE AFOREMENTIONED ENTITY REPORTING SECTION 165 LOSSES IN THE AMOUNT OF:

BRE/BERKLEY 1 SARL	EIN: 98-0449387	(447)
BREA/WIND HOLDCO I LLC	EIN: 20-3256931	(3,219)
SUM OF REPORTABLE LOSSES		(3,665)

THE TAXPAYER HAS REPORTED THE UBI PORTION OF THE AMOUNT ON LINE 5 OF FORM 990-T. THE TAXPAYER IS FILING FORM 8886 AS A PROTECTIVE MEASURE.

**Return by a U.S. Transferor of Property  
 to a Foreign Corporation**

OMB No. 1545-0026

Attachment  
 Sequence No. **128**

▶ **Attach to your income tax return for the year of the transfer or distribution.**

**Part I U.S. Transferor Information** (see instructions)

Name of transferor <b>COMMUNITY FDN OF GREATER DES MOINES F/K/A GREATER DES MOINES COMMUNITY FDN</b>	Identifying number (see instructions) <b>42-6139033</b>
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- 1** If the transferor was a corporation, complete questions 1a through 1d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations?  Yes  No
- b** Did the transferor remain in existence after the transfer?  Yes  No
- If not, list the controlling shareholder(s) and their identifying number(s):

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation?  Yes  No
- If not, list the name and employer identification number (EIN) of the parent corporation:

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(5) been made?  Yes  No

- 2** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d.

- a** List the name and EIN of the transferor's partnership:

Name of partnership	EIN of partnership
<b>BC EUROPEAN CAPITAL VIII-9 LP</b>	<b>98-0493991</b>

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets?  Yes  No
- c** Is the partner disposing of its **entire** interest in the partnership?  Yes  No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market?  Yes  No

**Part II Transferee Foreign Corporation Information** (see instructions)

<b>3</b> Name of transferee (foreign corporation) <b>SERAFINA SA</b>	<b>4</b> Identifying number, if any
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**5** Address (including country)  
**29 AVENUE DE LA PORTE NEUVE  
 LUXEMBURG CITY, LUXEMBOURG L-2227 LUXEMBOURG**

**6** Country code of country of incorporation or organization  
**LU**

**7** Foreign law characterization (see instructions)  
**CORPORATION**

- 8** Is the transferee foreign corporation a controlled foreign corporation?  Yes  No

**Part III Information Regarding Transfer of Property** (see instructions)

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash					
	03/27/2012	STOCK & CPECS	11,527.	6,080.	
Stock and securities					
Installment obligations, account receivables or similar property					
Foreign currency or other property denominated in foreign currency					
Inventory					
Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b))					
Tangible property used in trade or business not listed under another category					
Intangible property					
Property to be leased (as described in final and temp. Regs. sec. 1.367(a)-4(c))					
Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d))					
Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e))					
Other property					

**Supplemental Information Required To Be Reported** (see instructions):

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**Part IV Additional Information Regarding Transfer of Property** (see instructions)

**9** Enter the transferor's interest in the foreign transferee corporation before and after the transfer:

(a) Before .2600 % (b) After .1800 %

**10** Type of nonrecognition transaction (see instructions) ► SECTION 351

**11** Indicate whether any transfer reported in Part III is subject to any of the following:

- a Gain recognition under section 904(f)(3)  Yes  No
- b Gain recognition under section 904(f)(5)(F)  Yes  No
- c Recapture under section 1503(d)  Yes  No
- d Exchange gain under section 987  Yes  No

**12** Did this transfer result from a change in the classification of the transferee to that of a foreign corporation?  Yes  No

**13** Indicate whether the transferor was required to recognize income under final and temporary Regulations sections 1.367(a)-4 through 1.367(a)-6 for any of the following:

- a Tainted property  Yes  No
- b Depreciation recapture  Yes  No
- c Branch loss recapture  Yes  No
- d Any other income recognition provision contained in the above-referenced regulations  Yes  No

**14** Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)?  Yes  No

**15 a** Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)?  Yes  No

**b** If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred ► \$ \_\_\_\_\_

**16** Was cash the only property transferred?  Yes  No

**17 a** Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction?  Yes  No

**b** If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

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**Return by a U.S. Transferor of Property  
 to a Foreign Corporation**

OMB No. 1545-0026

Attachment  
 Sequence No. **128**

▶ **Attach to your income tax return for the year of the transfer or distribution.**

**Part I U.S. Transferor Information** (see instructions)

Name of transferor <b>COMMUNITY FDN OF GREATER DES MOINES F/K/A GREATER DES MOINES COMMUNITY FDN</b>	Identifying number (see instructions) <b>42-6139033</b>
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- 1** If the transferor was a corporation, complete questions 1a through 1d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations?  Yes  No
- b** Did the transferor remain in existence after the transfer?  Yes  No
- If not, list the controlling shareholder(s) and their identifying number(s):

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation?  Yes  No
- If not, list the name and employer identification number (EIN) of the parent corporation:

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(5) been made?  Yes  No

- 2** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d.

- a** List the name and EIN of the transferor's partnership:

Name of partnership	EIN of partnership
<b>APAX EUROPE VII - B, LP</b>	<b>98-0525726</b>

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets?  Yes  No
- c** Is the partner disposing of its **entire** interest in the partnership?  Yes  No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market?  Yes  No

**Part II Transferee Foreign Corporation Information** (see instructions)

3 Name of transferee (foreign corporation) <b>IRIDIUM SCOTLAND LP</b>	4 Identifying number, if any <b>98-0649468</b>
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**5** Address (including country)  
**50 LOTHAN ROAD, FESTIVAL SQUARE  
 EDINBURGH, SCOTLAND EH3 9WJ UNITED KINGDOM**

**6** Country code of country of incorporation or organization  
**UK**

**7** Foreign law characterization (see instructions)  
**CORPORATION**

- 8** Is the transferee foreign corporation a controlled foreign corporation?  Yes  No

**Part III Information Regarding Transfer of Property** (see instructions)

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash					
	03/18/2012	STOCK	982.	982.	
Stock and securities					
Installment obligations, account receivables or similar property					
Foreign currency or other property denominated in foreign currency					
Inventory					
Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b))					
Tangible property used in trade or business not listed under another category					
Intangible property					
Property to be leased (as described in final and temp. Regs. sec. 1.367(a)-4(c))					
Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d))					
Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e))					
Other property					

**Supplemental Information Required To Be Reported** (see instructions):

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**Part IV Additional Information Regarding Transfer of Property** (see instructions)

**9** Enter the transferor's interest in the foreign transferee corporation before and after the transfer:

(a) Before .0000 % (b) After .0300 %

**10** Type of nonrecognition transaction (see instructions) ► SECTION 351

**11** Indicate whether any transfer reported in Part III is subject to any of the following:

- a Gain recognition under section 904(f)(3) .....  Yes  No
- b Gain recognition under section 904(f)(5)(F) .....  Yes  No
- c Recapture under section 1503(d) .....  Yes  No
- d Exchange gain under section 987 .....  Yes  No

**12** Did this transfer result from a change in the classification of the transferee to that of a foreign corporation? .....  Yes  No

**13** Indicate whether the transferor was required to recognize income under final and temporary Regulations sections 1.367(a)-4 through 1.367(a)-6 for any of the following:

- a Tainted property .....  Yes  No
- b Depreciation recapture .....  Yes  No
- c Branch loss recapture .....  Yes  No
- d Any other income recognition provision contained in the above-referenced regulations .....  Yes  No

**14** Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)? .....  Yes  No

**15 a** Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)? .....  Yes  No

**b** If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred ► \$ \_\_\_\_\_

**16** Was cash the only property transferred? .....  Yes  No

**17 a** Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction? .....  Yes  No

**b** If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

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**Return by a U.S. Transferor of Property  
 to a Foreign Corporation**

OMB No. 1545-0026

Attachment  
 Sequence No. **128**

▶ **Attach to your income tax return for the year of the transfer or distribution.**

**Part I U.S. Transferor Information** (see instructions)

Name of transferor <b>COMMUNITY FDN OF GREATER DES MOINES F/K/A GREATER DES MOINES COMMUNITY FDN</b>	Identifying number (see instructions) <b>42-6139033</b>
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- 1** If the transferor was a corporation, complete questions 1a through 1d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations?  Yes  No
- b** Did the transferor remain in existence after the transfer?  Yes  No
- If not, list the controlling shareholder(s) and their identifying number(s):

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation?  Yes  No
- If not, list the name and employer identification number (EIN) of the parent corporation:

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(5) been made?  Yes  No

- 2** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d.

- a** List the name and EIN of the transferor's partnership:

Name of partnership	EIN of partnership
<b>APAX US VII, LP</b>	<b>98-0492222</b>

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets?  Yes  No
- c** Is the partner disposing of its **entire** interest in the partnership?  Yes  No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market?  Yes  No

**Part II Transferee Foreign Corporation Information** (see instructions)

<b>3</b> Name of transferee (foreign corporation) <b>IRIDIUM SCOTLAND LP</b>	<b>4</b> Identifying number, if any <b>98-0649468</b>
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**5** Address (including country)  
**50 LOTHAN ROAD, FESTIVAL SQUARE  
 EDINBURGH, SCOTLAND EH3 9WJ UNITED KINGDOM**

**6** Country code of country of incorporation or organization  
**UK**

**7** Foreign law characterization (see instructions)  
**CORPORATION**

- 8** Is the transferee foreign corporation a controlled foreign corporation?  Yes  No

**Part III** Information Regarding Transfer of Property (see instructions)

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash					
	03/18/2012	STOCK	1,740.	1,740.	
Stock and securities					
Installment obligations, account receivables or similar property					
Foreign currency or other property denominated in foreign currency					
Inventory					
Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b))					
Tangible property used in trade or business not listed under another category					
Intangible property					
Property to be leased (as described in final and temp. Regs. sec. 1.367(a)-4(c))					
Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d))					
Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e))					
Other property					

**Supplemental Information Required To Be Reported** (see instructions):

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**Part IV Additional Information Regarding Transfer of Property** (see instructions)

**9** Enter the transferor's interest in the foreign transferee corporation before and after the transfer:

(a) Before .0000 % (b) After .0500 %

**10** Type of nonrecognition transaction (see instructions) ► SECTION 351

**11** Indicate whether any transfer reported in Part III is subject to any of the following:

- a Gain recognition under section 904(f)(3)  Yes  No
- b Gain recognition under section 904(f)(5)(F)  Yes  No
- c Recapture under section 1503(d)  Yes  No
- d Exchange gain under section 987  Yes  No

**12** Did this transfer result from a change in the classification of the transferee to that of a foreign corporation?  Yes  No

**13** Indicate whether the transferor was required to recognize income under final and temporary Regulations sections 1.367(a)-4 through 1.367(a)-6 for any of the following:

- a Tainted property  Yes  No
- b Depreciation recapture  Yes  No
- c Branch loss recapture  Yes  No
- d Any other income recognition provision contained in the above-referenced regulations  Yes  No

**14** Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)?  Yes  No

**15 a** Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)?  Yes  No

**b** If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred ► \$ \_\_\_\_\_

**16** Was cash the only property transferred?  Yes  No

**17 a** Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction?  Yes  No

**b** If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

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