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Form 990

Department of the Treasury  
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2019 , and ending 06-30-2020

B Check if applicable:  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

C Name of organization  
TERRACE HILL SOCIETY FOUNDATION

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)Room/suite  
PO BOX 8052

City or town, state or province, country, and ZIP or foreign postal code  
DES MOINES, IA 50301

F Name and address of principal officer:  
TIMOTHY ANDERSON  
PO BOX 8052  
DES MOINES, IA 50301

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ NONE

D Employer identification number  
51-0168173

E Telephone number  
(641) 923-2769

G Gross receipts \$ 9,295

H(a) Is this a group return for subordinates? ☐ Yes ☒ No  
H(b) Are all subordinates included? ☐ Yes ☐ No  
If "No," attach a list. (see instructions)  
H(c) Group exemption number ▶

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1975

M State of legal domicile: IA

Part I

Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:  
THE PURPOSE OF THE FOUNDATION IS TO FACILITATE THE CONTINUING AND SUSTAINING SUPPORT FOR THE RESTORATION, PRESERVATION AND IMPROVEMENT OF THE INTERIOR AND EXTERIOR OF THE BUILDING, THE COLLECTION AND THE GROUNDS SITUATED IN THE CITY OF DES MOINES, IOWA KNOWN AS "TERRACE HILL" IN A NONPARTISAN AND IMPARTIAL MANNER AND TO COORDINATE WITH THE TERRACE HILL COMMISSION, THE EXECUTIVE AND LEGISLATIVE BRANCHES OF THE STATE OF IOWA AND OTHERS IN ACHIEVING THESE PURPOSES AND IN SO DOING TO ASSIST THE STATE OF IOWA AND ITS CITIZENS IN PRESERVING AND IMPROVING THIS VALUABLE STATE ASSET.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	21
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	21
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	0
6 Total number of volunteers (estimate if necessary)	6	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 39	7b	0

Revenue

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	9,800	5,460
9 Program service revenue (Part VIII, line 2g)	2,768	3,565
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d )	245	130
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	289	140
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	13,102	9,295

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 )	5,000	0
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	19,461	15,739
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	24,461	15,739
19 Revenue less expenses. Subtract line 18 from line 12	-11,359	-6,444

Net Assets or Fund Balances

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	1,575,565	1,561,857
21 Total liabilities (Part X, line 26)	0	0
22 Net assets or fund balances. Subtract line 21 from line 20	1,575,565	1,561,857

Part II

Signature Block

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 officer) is based on all information of which preparer has any knowledge.

Sign Here

\*\*\*\*\*  
Signature of officer

TIMOTHY ANDERSON TREASURER  
Type or print name and title

2021-01-20  
Date

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00232382
Firm's name ▶ DENMAN & COMPANY LLP	Firm's EIN ▶ 42-0794029			
Firm's address ▶ 1601 22ND STREET SUITE 400 WEST DES MOINES, IA 502661453	Phone no. (515) 225-8400			

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

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