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Form 990-PF

Department of the Treasury

Internal Revenue Service

Return of Private Foundation

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

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

2009

OMB No 1545-0052

For cale	endar year 2009, or t	ax year beginning		, and ending		
G Chec	ck all that apply:	Initial return	Initial return of a f	ormer public charity	Fınal returi	1
		Amended return	Address char	nge	Name change	
Use the	e IRS Name of found	dation			A Employer identification	n number
labe					1	
Otherv		& VERNA MANAT!			20-8112164	
prir or ty		et (or P O box number if mail is not o	delivered to street address)	Room/suite	B Telephone number	
See Sp		D 6 ROAD			641-522-92	
Instruct	tione City of town, S	tate, and ZIP code			C if exemption application is p	
	BROOKLY				D 1. Foreign organization	
	ck type of organization	n: Section 50 I(c)(3) Enexempt charitable trust	exempt private foundation	1-A:	Foreign organizations mechanism and attach called the change and attach called the	omputation
	narket value of all ass		Other taxable private found ting method: X Cash	Accrual	E If private foundation sta	
	narket value of all ass n Part II, col. (c), line	, l —	Other (specify)	Accidal	under section 507(b)(1	
<i>(non</i>	rraicii, coi. (c), iirie	382,363. (Part I, col		basis)	F If the foundation is in a	
	Analysis of Reve	nue and Expenses	(a) Revenue and		under section 507(b)(1	(d) Disbursements
	(The total of amounts	in columns (b), (c), and (d) may not amounts in column (a).)	expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
1		s, grants, etc., received	100,850.	walle Eren	N/A	
2	i	foundation is not required to attach Sch B				
_ 3	Interest on savings an cash investments		279.	165		STATEMENT 1
5 4		rest from securities	8,695.	8,695	•	STATEMENT 2
	a Gross rents					FINIA EDI ELA
2	b Net rental income or (le	oss)		M (II) tell (BA)		
ີ _ຄ 6	a Net gain or (loss) from	sale of assets not on line 10	-5,615.			
Neune 7	b Gross sales price for a assets on line 6a	46,392.			<u>elija almia s</u>	
Revenu	Capital gain net incom	ne (from Part IV, line 2)		0		
<u>.</u> " 8	Net short-term cap	•				
9 10	Grace calce lace return			Management of the second of th		
10	la and allowances	· ···				
	b Less Cost of goods s	· ·				
	c Gross profit or (los	SS)			•	1년 10년 4월 1일 출시한 경기 등 1년 교육교육 1일
1			104 200	0 000		
12			104,209.	8,860		
14	· · ·	ers, directors, trustees, etc	<u></u>	U .	·	0.
15	· ·				 	
16					1	-
Ĕ!	b-Accounting fees	1, 10, 1		-		
	c Other professional				· · · · · · · · · · · · · · · · · · ·	- "
9 57	Interest					
Administrative Expe	Taxes	STMT 3	124.	0.		0.
달 년 19	Depreciation and d	enletion				
Ē 20	Occupancy					
	Travel, conferences	s, and meetings				
Pug 22	Printing and public	ations				
	•	STMT 4	1,397.	0.		0.
[24	Total operating an					1
Operating 52	expenses. Add line	- · · · · · · · · · · · · · · · · · · ·	1,521.	0.		0.
- 25			16,000.			16,000.
26						
	Add lines 24 and 2		17,521.	0.		16,000.
27			EULSTELLET			
		r expenses and disbursements .	86,688.			
		OME (if negative, enter -0-)		8,860.		
923501	C Adjusted net incon	Ne (if negative, enter -0-)	HE STATISTICS AND A		N/A	

923501 02-02-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions.

orm **990-PF** (2009

orm 990-PF (2009) MERLIN & VERNA MANATT	Beginning of year		8112164 Page :
Part Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	
1 Cash - non-interest-bearing		103.	
2 Savings and temporary cash investments	109,856.		93,459.
3 Accounts receivable ▶			93,439。 日間は異常の対象に手続きな
Less: allowance for doubtful accounts			
4 Piedges receivable	학급활동학교 대기에 어렸는 나면		**************************************
Less; allowance for doubtful accounts	ayaa Aatil ii Waleedaa a		
_			
· · · · · · · · · · · · · · · · · · ·			
disqualified persons	e rapato en di filo partico di a		
7 Other notes and loans receivable			i tinga P. F.A.B
Less: allowance for doubtful accounts ▶			
8 Inventories for sale or use		<u> </u>	
9 Prepaid expenses and deferred charges			
10a Investments - U.S. and state government obligations			
b Investments - corporate stock			
c Investments - corporate bonds			
11 Investments - land, buildings, and equipment basis			
Less accumulated depreciation			
12 Investments - mortgage loans			
13 Investments - other STMT 6	169,413.	272,496.	288.801.
14 Land, buildings, and equipment basis		272,496.	
Less accumulated depreciation			Mana
15 Other assets (describe ►)		
	´		
16 Total assets (to be completed by all filers)	279,370.	366,058.	382,363.
7 Accounts payable and accrued expenses		300,030.	302,303.
18 Grants payable			rigi ek isti ikedale. Pagakan isti ikedale.
19 Deferred revenue			
0 Loans from officers, directors, trustees, and other disqualified persons			Manufacture 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
21 Mortgages and other notes payable			
22 Other liabilities (describe >	\ 		
22 Other habitues (describe	·		
23 Total liabilities (add lines 17 through 22)		,	보인 모델 원이 없는
	0.	0.	
			Tariga yang ta
and complete lines 24 through 26 and lines 30 and 31.			
24 Unrestricted			
25 Temporarily restricted			
Permanently restricted			
Foundations that do not follow SFAS 117, check here			
and complete lines 27 through 31.	_		
27 Capital stock, trust principal, or current funds	0.	0.	
28 Paid-ın or capıtal surplus, or land, bldg., and equipment fund	0.	0.	
29 Retained earnings, accumulated income, endowment, or other funds	279,370.	366,058.	
30 Total net assets or fund balances	279,370.	<u>366,058.</u>	
1 Total liabilities and net assets/fund balances	279,370.	366,058.	
Analysis of Changes in Net Assets or Fund	Ralances		
	Dalailes		
otal net assets or fund balances at beginning of year - Part II, column (a), lin	e 30		
must agree with end-of-year figure reported on prior year's return)		1	279,370.
nter amount from Part I, line 27a		2	86,688.
ther increases not included in line 2 (itemize)		3	0.
dd lines 1, 2, and 3			366,058.
ecreases not included in line 2 (itemize)		4 1	
otal net assets or fund balances at end of year (line 4 minus line 5) - Part II,	nolume (h) line 20	5	<u> </u>
our net assets or runo paramees at end of year (iiile 4 minus line 5) - Part II,	COMMINITY THE SU ., .	6	366,058.
311			Form 990-PF (2009)

_	990-PF (2009) MERLIN & VERNA MANATT FAMILY F					-8112 - see			Page 4
1a	Exempt operating foundations described in section 4940(d)(2), check here and en				15量	property.		757.7	
	Date of ruling or determination letter: (attach copy of letter if nece				1 21 1 1 1 2 1				
Ь	Domestic foundations that meet the section 4940(e) requirements in Part V, check here				1		r = 1.555 t	".auf.a	89.
	of Part I, line 27b				7-4			T.F.	
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%	of Part	I. line 12	2. col (b)					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Other				2	LTEL STEPE			0.
3	Add lines 1 and 2		,		3				89.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Of	thers er	nter -0-)	• • • • • • • • • • • • • • • • • • • •	4				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-				5				89.
6	Credits/Payments;	•••			1 = 222	F (F.	Fre s	<u> </u>	
_	2009 estimated tax payments and 2008 overpayment credited to 2009	6a				10			
	Exempt foreign organizations - tax withheld at source	6b	l						
	Tax paid with application for extension of time to file (Form 8868)	6c			- 12	F. F 1	162 184, 134	jai.	
	Paskup withhalding arrangement withhald	6d		····	ar.	1 = 1 = 1	eri Vilaie	Į.	
7	Total and the and assuments. Add lines Co through Cd	Uu	·	 	7		4.75	i gare "	
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attack.	 shad	•		•	+			0.
-	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	JIIEU			· 8_				
9			•		9				89.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			. n.m	10				
Pa	Enter the amount of line 10 to be: Credited to 2010 estimated tax ▶ Int. VII_A Statements Regarding Activities		-	Refunded	- 11				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legisl	lation o	r did it pa	irticipate or interve	ne in		1 1	Yes	No
	any political campaign?						1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purpos	es (see	instructi	ons for definition)	?		1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and	f соріе	s of any	matenals publis	hed or				<u> </u>
	distributed by the foundation in connection with the activities.						2 3 c 4		
C	Did the foundation file Form 1120-POL for this year?						10		X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the				••••		- 10-2	Ta.	
	(1) On the foundation. > \$ 0. (2) On foundation managers.	-		0			ê ·	* #1_C	
е	Enter the reimbursement (if any) paid by the foundation during the year for political expendit							- 1	, file
_	managers. > \$ 0						F-125-	3 5 -	
2	Has the foundation engaged in any activities that have not previously been reported to the IR	187					2	S.J.S.	X
_	If "Yes," attach a detailed description of the activities.				•		335	rilli:	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing in	netrum	ent articl	es of incomoration	or		4.5		
Ŭ	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change		ing ardor	cs of incorporation	, 01		3	1. T.	X
40	Did the foundation have unrelated business gross income of \$1,000 or more during the year						4a		X
		•				1/A			 ^-
					г	N / A.	45		
J	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	•	•			•	2	, -	X
	If "Yes," attach the statement required by General Instruction T.	Hanner					1,5 5-2 -		FE ST
О	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied eit	mer:					F 1.54		
	By language in the governing instrument, or			.				4	152
	 By state legislation that effectively amends the governing instrument so that no mandatory remain in the governing instrument? 						6	'	X
7	Did the foundation have at least \$5,000 in assets at any time during the year?						7	X	
	If "Yes," complete Part II, col (c), and Part XV.	•			• •		3- 2-3	7.50	11
8a	Enter the states to which the foundation reports or with which it is registered (see instruction	ns) 🕨						7-6-	1357
	IA	•		· · · · · · · · · · · · · · · · · · ·					
h	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the At	tornev	General (or designate)				,	4-1
9	of each state as required by General Instruction G? If "No," attach explanation						8b	X	1 ==
9	Is the foundation claiming status as a private operating foundation within the meaning of sec					•	ינט	<u> </u>	505-78
3	year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," co				aiciludí		E.A.		TELLE !
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a scheetule	•			 STM1	 7	10	×	<u> </u>

	990-PF (2009) MERLIN & VERNA MANATT FAMILY FOUNDATION 20-8112	2164		Page 5
	rt VII-A Statements Regarding Activities (continued)	, -		
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
	August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	L
	Website address ► N/A			
14		<u> 22-9</u>	<u> 206</u>	
	Located at ► 1775 OLD 6 ROAD, BROOKLYN, IA ZIP+4 ►52	2211		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		>	· 🔲
	and enter the amount of tax-exempt interest received or accrued during the year	N	/ <u>A</u>	
Pa	rt VIIB Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly):	10 To		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?		-125	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	14.	 	6.5
	a disqualified person?		*	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<u></u>	1	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	2.5		- 10
	(5) Transfer any income or assets to a disqualified person (or make any of either available	1 1 2 3	,	
	for the benefit or use of a disqualified person)?		in a min	<u>.</u> [
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			.2
	if the foundation agreed to make a grant to or to employ the official for a period after	- "-", :-		
	termination of government service, if terminating within 90 days.)	1 1	설립 -동생	X
Ь	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	-1-1		1.4
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
	before the first day of the tax year beginning in 2009?	1c	- '	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation		3.6	
	-defined-in-section-4942(j)(3)-or-4942(j)(5)):		HUMAN NAME -	
a	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	h-f	7.7		
	Defore 2009? Yes LX No If "Yes," list the years ▶ ,	2.2		: ;j:
h	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			7,58 × 4
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
		2b	.a.li	a.lir
,	statement - see instructions.)	20		.172
	in the provisions of section 4542(a)(2) are being applied to any of the years listed in 2a, list the years liste.	12. 150		
3.	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
Ja		In z	1. F.	1) 13m2 - 1.11
	ouring the year?		通過	
0	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose		1	
			E-1	- a
	of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,	ا المناه	- F. J. J.	-3% an n r ²
4.	Form 4720, to determine if the foundation had excess business holdings in 2009.) N/A	3b		
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	-7 - 5	X
D	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that		مَّدُ وَ سَا	32
	had not been removed from jeopardy before the first day of the tax year beginning in 2009?	4b	<u> </u>	X
	Foi	m 990	-PF (2009)

Form 990-PF (2009) MERLIN & VERNA MANATT FA Part VILB Statements Regarding Activities for Which F	MILY FOUNDATI Form 4720 May Be F	ON Required (contin	20-81121 nued)	64 Page 6
 5a During the year did the foundation pay or incur any amount to: Carry on propaganda, or otherwise attempt to influence legislation (section (2) Influence the outcome of any specific public election (see section 4955); of any voter registration drive? Provide a grant to an individual for travel, study, or other similar purposes (4) Provide a grant to an organization other than a charitable, etc., organization 509(a)(1), (2), or (3), or section 4940(d)(2)? Provide for any purpose other than religious, charitable, scientific, literary, the prevention of cruelty to children or animals? If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und section 53.4945 or in a current notice regarding disaster assistance (see instru Organizations relying on a current notice regarding disaster assistance check in the answer is "Yes" to question 5a(4), does the foundation claim exemption for expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945 6a Did the foundation, during the year, receive any funds, directly or indirectly, to a personal benefit contract? Did the foundation, during the year, pay premiums, directly or indirectly, on a pif "Yes" to 6b, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax so If yes, did the foundation receive any proceeds or have any net income attribute. 	r to carry on, directly or indirectly or ind	ectty,	es X No es X No N/A N/A N/A N/A SS No	5b X
Part VIII Information About Officers, Directors, Trust	ees, Foundation Ma	nagers, Highly	У	
1 List all officers, directors, trustees, foundation managers and their	compensation.			
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 8		0.	0.	0.
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deterred compensation	(e) Expense account, other allowances
Total number of other employees paid over \$50,000				
Total number of other employees paid over \$50,000 .	<u></u>		<u></u>	0

Form 990-PF (2009) MERLIN & VERNA MANATT FAMILY FOUNDATION 20	-8112	164 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000 (b) Type of service		(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	. •	0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.		Expenses
1N/A		
	4	
		
2	-{	
	7	
3		<u> </u>
	4	
, 		
4	-	
	┪	
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.		Amount
1 N/A	_	
	4	
2	 	
	_	
All other program-related investments. See instructions.	1	
3	_	
Total Add lines 1 through 3	+	0.

Form **990-PF** (2009)

Ρ	Minimum Investment Return (All domestic foundations must complete this part. Foreign fou	ndations, se	e instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	288,801.
b	Average of monthly cash balances	1b	93,459.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	382,260.
e	Reduction claimed for blockage or other factors reported on lines 1a and	T Tall 19 Final 19	
	1c (attach detailed explanation) 1e 0 .		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	382,260.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	5,734.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	376,526.
6	Minimum investment return Enter 5% of line 5	6	18,826.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations a foreign organizations check here and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	18,826.
2a	Tax on investment income for 2009 from Part VI, line 5	TATE OF THE STREET	
þ	Income tax for 2009. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	89.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	18,737.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	18,737.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	18,737.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	16,000.
þ	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
8	Surtability test (prior IRS approval required)	3a	
þ	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	16,000.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	89.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	15,911.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	qualifies for th	ne section

Form **990-PF** (2009)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI, line 7				18,737.
2 Undistributed income, if any, as of the end of 2009				
a Enter amount for 2008 only			3,265.	
b Total for prior years:		ik malikatiyo		
		0. *** *********************************	et tuiged tenn (e.). Been met en en en en	Programa in Company in the company i
3 Excess distributions carryover, if any, to 2009:		[취보다 - 기루자 취임 무섭지 기 지수의 구기합니다 - 급기		
a From 2004	arice the se			
b From 2005				
c From 2006				
d From 2007 e From 2008				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2009 from				
Part XII, line 4: ► \$ 16,000.	THE STATE OF THE S			
a Applied to 2008, but not more than line 2a			3,265.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus		ា ទីឃុំ ស៊ី (ទះ ទី២០០០) ខេត្ត ១៩ ១០០០ និង ១៩ ១៩ ១៩		
(Election required - see instructions)	0.			
d Applied to 2009 distributable amount				12,735.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2009 (if an amount appears in column (d), the same amount	0.		<u>na litraa sõõu Garaj.</u> Nasta esti sõi sõõu sõus	U.
must be shown in column (a).)				
6 Enter the net total of each column as indicated below:				
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of				NA STORING TO A STORING CARNELL THE WALL MENTS OF
deficiency has been issued, or on which				
the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable		<u>.</u>		
amount - see instructions		0.		
e Undistributed income for 2008. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2009. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2010				6,002.
7 Amounts treated as distributions out of		Later of the second sec		
corpus to satisfy requirements imposed by				经的是自己的
section 170(b)(1)(F) or 4942(g)(3)	0.	AST TERROR TOWNS TO		<u>(12일 후 중 설. 14일 단점 2 4</u> 12 후 변. 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
8 Excess distributions carryover from 2004		[4] 20번 교육 등 나는: 당 14.5번 15번 17 15.		
not applied on line 5 or line 7	0.	<u>A CACTE AND SELOCION</u> DENOCEDE NA SELVAR	Table of Line and Market	<u>요라 과연 시 기업 교육</u> 기원(기교 기업기 교육기업
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:	<u> </u>	<u>, 84 64 (832) 4 6.</u> Bahagash 84 (833)		erigin, en Time
a Excess from 2005				
b Excess from 2006				
c Excess from 2007		10명의 대하도의 4학명 함의 현기 원 12로 이탈수병 참기 12급당 시 원 13		
d Excess from 2008				
e Excess from 2009				

923581 02-02-10

Form **990-PF** (2009)

Form 990-PF (2009) MERLIN Part XIV Private Operating Fo	& VERNA MAN.				L12164 Page 1
			-A, question 9)	N/A	
1 a If the foundation has received a ruling of					
foundation, and the ruling is effective for b Check box to indicate whether the found				4040(0/2) 07	040/2/5)
1	· · · · · · · · · · · · · · · · · · ·	g louituation described i	Prior 3 years	4942(j)(3) or4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year (a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
income from Part I or the minimum	(a) 2003	(6) 2000	(6) 2007	(4) 2000	(6) 10(2)
investment return from Part X for					
each year listed				 	
b 85% of line 2a		-	<u> </u>	 	<u></u>
line 4 for each year listed					
d Amounts included in line 2c not				 	
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the					
alternative test relied upon: a "Assets" alternative test - enter:	,				
(1) Value of all assets					
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i)				<u> </u>	
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year					
listed				_l_	
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on securities loans (section					1
512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt organizations as provided in					
section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization				<u> </u>	
(4) Gross investment income				<u> </u>	
Part XV Supplementary Info			if the foundation	ı had \$5,000 or m	ore in assets
at any time during t	he year-see the i	nstructions.)			
1 Information Regarding Foundation	•				
a List any managers of the foundation wh	o have contributed more t	than 2% of the total cont	ributions received by the	foundation before the clo	ose of any tax
year (but only if they have contributed m	tore man \$5,000). (See Si	ection 507(a)(2).)			
NONE					
 List any managers of the foundation who other entity) of which the foundation has 			or an equally large porte	on of the ownership of a p	partnership or
• •	sa 1070 of greater litteres	-			
NONE					
2 Information Regarding Contributi		• • • •	=		
Check here if the foundation o the foundation makes gifts, grants, etc.					
		· · · · · · · · · · · · · · · · · · ·		ompiete items za, u, c, an	
a The name, address, and telephone num	nei of the betson to whon	n applications snould be	audressed;		
CEE CMAMENENM O					
SEE STATEMENT 9 b The form in which applications should b	a cultimitted and informat	ion and materials the	nould include:		
b The form in which applications should b	e submitteo ano informat	ion and materials they sr	louid include:		
• Any submission deadlines:					
c Any submission deadlines:					
d Any restrictions or limitations on awards	S. Such as hy geographics	l areas, charitable fielde	kinds of institutions or a	other factors:	
G 7 ary 100 a 10 ao 10 ao 11 a wal us	, saon as of geograpinea	a. oao, onananie 116145,	minos or moutulions, Of t	omer laviurs.	
923801 02-02-10			-		Form 990-PF (2009)

3 Grants and Contributions Paid During the Ye	ear or Approved for Future	Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
a Paid during the year	or substantial contributor	recipient		
SEE STATEMENT 10				
Total b Approved for future payment	<u> </u>	<u> </u>	<u>▶ 3a</u>	16,000.
NONE Total				
	······································			0 . orm 990-PF (2009)
			rı	330-FF (2009)

1 Program service revenue:

Enter gross amounts unless otherwise indicated.

(a) Business code

Unrelated business income

(b) Amount

(e)

Related or exempt

function income

Excluded by section 512, 513, or 514

(d)

Amount

(C) Exclu-sion code

Part XVI-A	Analysis of	Income-Producing	Activities
------------	-------------	------------------	-------------------

d	l l			
e				
g Fees and contracts from government agence	IPS			
2 Membership dues and assessments				
3 Interest on savings and temporary cash				
investments		14	279.	
4 Dividends and interest from securities		14	8,695.	
5 Net rental income or (loss) from real estate:				
a Debt-financed property				
b Not debt-financed property				<u> </u>
6 Net rental income or (loss) from personal property				
7 Other investment income				
8 Gain or (loss) from sales of assets other				
than inventory		18	-5,615.	
9 Net income or (loss) from special events				
10 Gross profit or (loss) from sales of inventory				
11 Other revenue:				
a				
b				
c				
d			·	
e				
12 Subtotal Add columns (b), (d), and (e)		0.	3,359.	
42 Tatal Add line 12 columns (b) (d) and (a)			13	3,359.
(See worksheet in line 13 instructions to verify calc	culations.)		t Purposes	
(See worksheet in line 13 instructions to verify calc	tivities to the Accompli	shment of Exemp		nplishment of
(See worksheet in line 13 instructions to verify calc Part XVI-B Relationship of Ac Line No Explain below how each activity for	tivities to the Accompli	shment of Exemp		nplishment of
(See worksheet in line 13 instructions to verify calc Part XVI-B Relationship of Ac Line No Explain below how each activity for	tivities to the Accompli	shment of Exemp		nplishment of
(See worksheet in line 13 instructions to verify calcondary Explain below how each activity for	tivities to the Accompli	shment of Exemp		nplishment of
(See worksheet in line 13 instructions to verify calc Part XVI-B Relationship of Ac Line No Explain below how each activity for	tivities to the Accompli	shment of Exemp		nplishment of
(See worksheet in line 13 instructions to verify calc Part XVI-B Relationship of Ac Line No Explain below how each activity for	tivities to the Accompli	shment of Exemp		nplishment of
(See worksheet in line 13 instructions to verify calc Part XVI-B Relationship of Ac Line No Explain below how each activity for	tivities to the Accompli	shment of Exemp		nplishment of
(See worksheet in line 13 instructions to verify calcondary Explain below how each activity for	tivities to the Accompli	shment of Exemp		nplishment of
(See worksheet in line 13 instructions to verify calcondary Explain below how each activity for	tivities to the Accompli	shment of Exemp		nplishment of
(See worksheet in line 13 instructions to verify calcondary Explain below how each activity for	tivities to the Accompli	shment of Exemp		nplishment of
Part XVI-B Relationship of Ac Line No Explain below how each activity for	tivities to the Accompli	shment of Exemp		nplishment of
(See worksheet in line 13 instructions to verify calcondary Explain below how each activity for	tivities to the Accompli	shment of Exemp		nplishment of
Part XVI-B Relationship of Ac	tivities to the Accompli	shment of Exemp		
(See worksheet in line 13 instructions to verify calcondary Explain below how each activity for	tivities to the Accompli	shment of Exemp		Form 990-PF (2009)

	990-F		N & VERNA MANA egarding Transfers To				8112164		age 13
Fd	<u> L.A.</u>	Exempt Organ		and Transactions	and helado	msmps with Noi	ichantabi	5	
1	Did th		rectly engage in any of the follow	wing with any other organization	tion described in s	section 501(c) of	T 75	Yes	No
•			:)(3) organizations) or in section			3000011 30 1(0) 01	# 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	143:	
			iation to a noncharitable exempt (inzauons.				Fire
a							1a(1)	1	X
							1a(2)	 	X
								in.,	
D		transactions:			-		,	1	
			able exempt organization			· · · · · · · ·	1b(1)	1	X
			oncharitable exempt organization				1b(2)		X
			, or other assets				1b(3)	T	X
	٠,	Reimbursement arrangements					1b(4)	1	X
							1b(5)	1	X
	(6) F	Performance of services or me	embership or fundraising solicita	itions			1b(6)	<u> </u>	X
C			ailıng lısts, other assets, or paid e				1c	1.	X
d	If the	answer to any of the above is	s "Yes," complete the following so	chedule. Column (b) should a	always show the f	fair market value of the (goods, other as	sets,	
			foundation. If the foundation rece , other assets, or services receive		ilue III aliy ilatisat	cuott of Stiatility attackyc	iliciil, Silow iii		
(a) L	ine no	(b) Amount involved		ble exempt organization	(d) Descri	ption of transfers, transaction	ons, and sharing a	тапдел	nents
<u> </u>			N/A	1		-			
						- · · · · · · · · · · · · · · · · · · ·			
		 			- 1				
		 							
									
_		-							
		 							
			 						
							 		
			<u> </u>						
2a			ctly affiliated with, or related to, o		ınızatıons describ	ed		_	
	ın se	ction 501(c) of the Code (oth	er than section 501(c)(3)) or in s	section 527?			Yes	: [2	X No
<u>b</u>	If "Ye	s," complete the following scl							
		(a) Name of or	rganization	(b) Type of organization	<u>n</u>	(c) Description of r	elationship		
		N/A							
			, · · · · · · · · · · · · · · · · · · ·						
			I have examined this return, including a her than texpayer or fiduciary) is based				elief, it is true, con	rect,	
	W	m	11.	X .	1	~			
ام			anatt	115310	b \	Hesident			
Sign Here	S	ignature of officer or trustee		Date '	Title	Chark if	Preparer's ident	ibano r	ımher
Ē	ω _	Preparer's	·()[^	Date 4/30 10	Check if	Trapara sident	nyang m	oa
S.	ald parer's e Ontv		we umm	13	סון שכני	employed L	<u> </u>		
	pare pare o	Perm's name (or yours CLII	FTON GUNDERSON	/LLP		EIN -			

Form 990-PF (2009)

515-222-4400

Phone no.

2700 WESTOWN PARKWAY, #400 WEST DES MOINES, IA 50266-1411

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-004

Employer identification number

2009

Name of the organization

2003

MERLIN & VERNA MANATT FAMILY FOUNDATION 20-8112164 Organization type (check one) Section: Filers of: __ 501(c)(Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt chantable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. Special Rules 🔟 For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II. J For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, chantable, etc., contributions of \$5,000 or more during the year. Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF). LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions Schedule B (Form 990, 990-EZ, or 990-PF) (2009) for Form 990, 990-EZ, or 990-PF.

Employer identification number

MERLIN & VERNA MANATT FAMILY FOUNDATION

20-8112164

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	MERLIN MANATT 927 1ST AVENUE, APT 107 GRINNELL, IA 50112	\$100,850.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II if there is a noncash contribution.)

FORM 990-PF	OTHER INVESTMENTS		STAT	EMENT 6
DESCRIPTION	VALUATION METHOD	BOOK VALUE		MARKET ALUE
CHARLES SCHWAB FUNDS	COST	272,49	6.	288,801.
TOTAL TO FORM 990-PF, PART	II, LINE 13	272,49	6.	288,801.
FORM 990-PF LIST (OF SUBSTANTIAL CONTRIB PART VII-A, LINE 10	UTORS	STAT	EMENT 7
NAME OF CONTRIBUTOR	ADDRESS	. ""		
MERLIN MANATT	815 16TH AVEN GRINNELL, IA			,
	- LIST OF OFFICERS, D ES AND FOUNDATION MANA TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN	EXPENSE ACCOUNT
MERLIN MANATT 927 1ST AVENUE, APT 107 GRINNELL, IA 50112	PRESIDENT 1.00	0.	0.	0.
VERNA MANATT 927 1ST AVENUE, APT 107 GRINNELL, IA 50112	VICE PRESIDENT 1.00	0.	0.	0.
PAM BENISHEK	SECRETARY			
1775 OLD 6 ROAD BROOKLYN, IA 52211	1.00	0.	0.	0.
1775 OLD 6 ROAD		0.	0.	

MERLIN & VERNA MANATT F	AMILY FOUNDATION		20	-8112164
JULIE ANN MANATT 1775 OLD 6 ROAD BROOKLYN, IA 52211	DIRECTOR 1.00	0.	0.	0.
MICHELLE M MANATT 1775 OLD 6 ROAD BROOKLYN, IA 52211	DIRECTOR 1.00	0.	0.	0.
ANTHONY JOHN MANATT 1775 OLD 6 ROAD BROOKLYN, IA 52211	DIRECTOR 1.00	0.	0.	0.
MARGARET MARY MANATT 1775 OLD 6 ROAD BROOKLYN, IA 52211	DIRECTOR 1.00	0.	0.	0.
JEFFREY G MANATT 1775 OLD 6 ROAD BROOKLYN, IA 52211	DIRECTOR 1.00	0.	0.	0.
TOTALS INCLUDED ON 990-PE	, PAGE 6, PART VIII	0.	0.	0.

FORM 990-PF INTEREST ON SAV	INGS AN	ID TEM	PORARY CA	ASH IN	NVESTMENTS	STATEMENT	1
SOURCE						AMOUNT	
CHARLES SCHWAB CASH RESERVE I CHARLES SCHWAB US TREASURY PATRIOT BANK	MM						63. 14. 2.
TOTAL TO FORM 990-PF, PART I	, LINE	3, CO	LUMN A			2	79.
FORM 990-PF DIVIDENT	DS AND	INTER	EST FROM	SECUE	RITIES	STATEMENT	2
SOURCE		GROSS	AMOUNT		ITAL GAINS IVIDENDS	COLUMN (A AMOUNT)
CHARLES SCHWAB BOND/EQUITY FO	UNDS		8,974.		279.	8,6	95.
TOTAL TO FM 990-PF, PART I,	LN 4 =		8,974.		279.	8,6	95.
FORM 990-PF		TAX	ES	<u></u>		STATEMENT	3
DESCRIPTION	EXPEN PER F		(B) NET INVI MENT INC	EST-	(C) ADJUSTED NET INCOM	(D) CHARITA E PURPOS	
FEDERAL TAX FOREIGN TAX		100.	0.			0.	
TO FORM 990-PF, PG 1, LN 18		124.		0.			0.
FORM 990-PF	ro	THER E	XPENSES	 -		STATEMENT	4
DESCRIPTION	(A) (B) EXPENSES NET INVEST- PER BOOKS MENT INCOME		(C) (D) ADJUSTED CHARIT NET INCOME PURPO				
ADVISORY FEES MISCELLANEOUS		647. 750.		0.			0.
TO FORM 990-PF, PG 1, LN 23	1	1,397.		0.			0.
	====						

FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

MERLIN MANATT 927 1ST AVENUE, APT 107 GRINNELL, IA 50112

TELEPHONE NUMBER

641-236-5600

FORM AND CONTENT OF APPLICATIONS

APPLICATIONS SHOULD BE SUBMITTED IN LETTER FORM WITH THE NAME OF THE ORGANIZATION AND ANY INFORMATION CONCERNING THE REASON THEY ARE SEEKING FUNDS.

ANY SUBMISSION DEADLINES

NONE, HOWEVER, FUNDS WILL BE DISPERSED IN DECEMBER.

RESTRICTIONS AND LIMITATIONS ON AWARDS

ORGANIZATIONS MUST BE TAX-EXEMPT, NON-PROFIT AND LOCATED IN THE BROOKLYN, IOWA AREA.

FORM 990-PF

STATEMENT 10

RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT	RECIPIENT STATUS	AMOUNT
BROOKLYN HISTORICAL MUSEUM PO BOX 58 BROOKLYN, IA 522110058	NONE OPERATING		1,000.
CSF OF BGM PO BOX 469 BROOKLYN, IA 522110058	NONE OPERATING		1,000.
GREATER POWESHIEK COMMUNITY FOUNDATION 2021 4TH AVENUE GRINNELL, IA 50112	NONE OPERATING		3,000.
GRINNELL REGIONAL MEDICAL CENTER 210 4TH AVENUE GRINNELL, IA 50112			2,500.
HOSPICE OF GRINNELL 210 4TH AVENUE GRINNELL, IA 50112	NONE OPERATING	•	1,000.
IOWA TRANSPORTATION MUSEUM 927 4TH AVENUE GRINNELL, IA 50112	NONE OPERATING		4,500.
SACRED HEART CATHOLIC CHURCH-ELSAVADOR MISSION 1115 S 8TH STREET E NEWTON, IA 50208	NONE MISSION		1,000.
ST FRANCIS MANOR 2021 4TH AVENUE GRINNELL, IA 50112	NONE OPERATING		2,000.
TOTAL TO FORM 990-PF, PART XV, I	JINE 3A		16,000.

GRANTS AND CONTRIBUTIONS