

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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.

OMB No 1545-0052

2010

		ndar year 2010, or tax yea		<u> 21, 2010                                   </u>	, and e	nding	DEC 31, 2010	0
G	Chec	call that apply:	Initial return	Initial return of a fo		charity	Final retur	'n
			Amended return	Address chan	ge		Name change	
Na	me o	f foundation					A Employer identificatio	n number
$\vdash$			MILY FOUNDA	27-3079512	2			
Nu	Number and street (or P O box number if mail is not delivered to street address)  Room/suite						<b>B</b> Telephone number	
$\perp$		700 WALNUI	STREET, SU	ITE 1600			(515) 224-	-1040
Cit	y or t	own, state, and ZIP code					C If exemption application is	pending, check here
		DES MOINES					D 1. Foreign organization	ıs, check here
H_	_	type of organization:		empt private foundation			Foreign organizations m check here and attach or	eeting the 85% test, computation
<u>_</u>	Se	ection 4947(a)(1) nonexem	<del>'</del>	Other taxable private founda	tion		E If private foundation st	atus was terminated
l F	air m	arket value of all assets at e	end of year   J Accounts	ng method: X Cash	Accr	ual	under section 507(b)(1	
		Part II, col. (c), line 16)		ther (specify)			F If the foundation is in a	60-month termination
	-\$_			mn (d) must be on cash l	basis )		under section 507(b)(1	I)(B), check here
P	art I	Analysis of Revenue and	d Expenses	(a) Revenue and	(b) Net in	vestment	(c) Adjusted net	(d) Disbursements for charitable purposes
		(The total of amounts in colur necessarily equal the amount	ts in column (a) )	expenses per books	inco	ome	income	(cash basis only)
	1	Contributions, gifts, grant		0.			N/A	
	2	Check X if the foundation						
	3	Interest on savings and tempo cash investments	prary					
	4	Dividends and interest fro	m securities					
	5a	Gross rents						
	b	Net rental income or (loss)						
a)	6a	Net gain or (loss) from sale of a	assets not on line 10					
Revenue	b	Gross sales price for all assets on line 6a						
eve	7	Capital gain net income (from f	Part IV, line 2)			0.		
Œ	8	Net short-term capital gair	n					
	9	Income modifications						
	10a	Gross sales less returns and allowances						
		Less Cost of goods sold						
	c	Gross profit or (loss)						
	11	Other income						
	12	Total. Add lines 1 through	h 11	0.		0.		
	13	Compensation of officers, dire	ctors, trustees, etc	0.		0.		0.
	14	Other employee salaries a	nd wages					
	15	Pension plans, employee	benefits					
enses	16a	Legal fees						
ē	b	Accounting fees					EIVED	
Expe	C	Other professional fees			į			
Ve	17	Interest			σ.	,	S	1
rati	18	Taxes			Ã		5 2011	1
ist	19	Depreciation and depletion	n			1	38	
Administrative	20	Оссиралсу			j			
Ad	21	Travel, conferences, and r	meetings			_ <del>UO</del> L	EN, UT	
and	22	Printing and publications	•					
	23	Other expenses						
atin	24	Total operating and admi	inistrative					
perating	'	expenses. Add lines 13 th		0.		0.		0.
Ö	25	Contributions, gifts, grants	-	0.		· · · · · · · · · · · · · · · · · · ·		0.
	26	Total expenses and disbu	•					<del></del>
		Add lines 24 and 25		0.		0.		0.
	27	Subtract line 26 from line	12:					<del></del>
		Excess of revenue over expens		o.				
		Net investment income (#		0.		0.	· · · · · · · · · · · · · · · · · · ·	<del> </del>
		Adjusted net income (if ne				<u> </u>	N/A	<del>                                     </del>
0235		LUA For Denomination		L			IN/ A	5 OOO DE (0040)

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

Form 990-PF (\$010) Part IV   Capital		<u>'FAMILY FOUN</u> osses for Tax on Ir					27	<u>7-3079</u>	9512 Page
						w acquired urchase onation	(c) Date ac (mo., da	cquired y, yr.)	(d) Date sold (mo., day, yr.)
1a									
<u>b</u>	NONE								
<u>c</u>				-					
<u>d</u>									
(e) Gross sales pr	ICE (f)	Depreciation allowed (or allowable)		st or other basis expense of sale	:			n or (loss) (f) minus (	
a									
<u>b</u>									
C					_				
d									<del></del>
Complete only for ass	sets showing gain in	column (h) and owned by	the foundation	on 12/31/69			(I) Gains (Co	l (b) gara r	
(i) F.M.V. as of 12/3	1	(j) Adjusted basis as of 12/31/69	(k) E	cess of col. (i)			òl. (k), but no		-0-) or
a					-				
b		<del></del>							
C									
d									
e				<del></del>				<u> </u>	<del></del>
If gain, also enter in Pa	gain or (loss) as de art I, line 8, column	fined in sections 1222(5) ar	- ın Part I, line		} }	2			
If (loss), enter -0- in P. Part V Qualific		Section 4940(e) for	Reduced	Tax on Net	Inves	stment Ir	come		<del></del>
<b></b>		tions subject to the section							N/A
	•	-	10 10(2) 121 01						
If section 4940(d)(2) appl	ies, ieave this part t	olank.							
		2 tax on the distributable am			riod?				Yes N
If "Yes," the foundation do		r saction //Q////a). Do not co	amplata this as	art.					L Yes N
# Futoutha annuanusta							_		L YeS [ IN
	amount in each coli	ımn for each year; see ınstr	uctions before	making any entri					(d)
(a) Base period Calendar year (or tax ye	amount in each coli years	ımn for each year; see ınstr	uctions before	making any entri	(c)	ble-use asse	ts (d		
(a) Base period Calendar year (or tax yo 2009	amount in each coli years	ımn for each year; see ınstr	uctions before	making any entri	(c)	ble-use asse	ts (d		(d)
Base period Calendar year (or tax yo 2009 2008	amount in each coli years	ımn for each year; see ınstr	uctions before	making any entri	(c)	ble-use asse	ts (d		(d)
(a) Base period Calendar year (or tax yo 2009	amount in each coli years	ımn for each year; see ınstr	uctions before	making any entri	(c)	ble-use asse	ts (d		(d)
Base period Calendar year (or tax year 2009 2008 2007	amount in each coli years	ımn for each year; see ınstr	uctions before	making any entri	(c)	ble-use asse	ts (d		(d)
Base period Calendar year (or tax yo 2009 2008 2007 2006	amount in each coli years	ımn for each year; see ınstr	uctions before	making any entri	(c)	ble-use asse	ts (i		(d)
Base period Calendar year (or tax year  2009 2008 2007 2006 2005  Total of line 1, column	amount in each colo years ear beginning in)	umn for each year; see instr (b) Adjusted qualifying dis	uctions before	Net value of no	(c) encharita		ts ((		(d)
Base period Calendar year (or tax year 2009 2008 2007 2006 2005  Total of line 1, column 3 Average distribution ra	amount in each colonyears ear beginning in)  (d) atio for the 5-year ba	umn for each year; see instr (b) Adjusted qualifying dis	uctions before	Net value of no	(c) encharita		2		(d)
Base period Calendar year (or tax year  2009 2008 2007 2006 2005  Total of line 1, column	amount in each colonyears ear beginning in)  (d) atio for the 5-year ba	umn for each year; see instr (b) Adjusted qualifying dis	uctions before	Net value of no	(c) encharita				(d)
Base period Calendar year (or tax year  2009 2008 2007 2006 2005  Total of line 1, column Average distribution ra the foundation has been	years ear beginning in)  I (d) this for the 5-year been in existence if les	umn for each year; see instr (b) Adjusted qualifying dis	extributions on line 2 by 5,	Net value of no	(c) encharita		2		(d)
Base period Calendar year (or tax year  2009 2008 2007 2006 2005  Total of line 1, column Average distribution ra the foundation has been	years ear beginning in)  I (d) to for the 5-year been in existence if les	amn for each year; see instr (b) Adjusted qualifying dis ase period - divide the total of s than 5 years	extributions on line 2 by 5,	Net value of no	(c) encharita		2 3		(d)
Base period Calendar year (or tax year  2009 2008 2007 2006 2005  Total of line 1, column 3 Average distribution ra the foundation has been	years ear beginning in)  I (d) tio for the 5-year been in existence if less moncharitable-use as	Adjusted qualifying dis  ase period - divide the total is than 5 years  ssets for 2010 from Part X,	extributions on line 2 by 5,	Net value of no	(c) encharita		2 3 4		(d)
Base period Calendar year (or tax year  2009 2008 2007 2006 2005  2 Total of line 1, column 3 Average distribution rathe foundation has been 4 Enter the net value of rather than 1, and	years ear beginning in)  I (d) tio for the 5-year been in existence if less moncharitable-use as	Adjusted qualifying dis  ase period - divide the total is than 5 years  ssets for 2010 from Part X,	extributions on line 2 by 5,	Net value of no	(c) encharita		2 3 4 5		(d)
Base period Calendar year (or tax yr 2009 2008 2007 2006 2005  Total of line 1, column Average distribution ra the foundation has bee Enter the net value of r Multiply line 4 by line 3 Enter 1% of net invest Add lines 5 and 6 Enter qualifying distrib	years ear beginning in)  (d) tio for the 5-year basen in existence if less moncharitable-use as ment income (1% of	Adjusted qualifying dis  ase period - divide the total of sthan 5 years  asets for 2010 from Part X,  of Part I, line 27b)	on line 2 by 5,	Net value of no	(c) ncharita	;	2 3 4 5 6		(d)

023521 12-07-10

		79512		Page 4
Pa	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - se	e instru	ctior	ns)
1a	a Exempt operating foundations described in section 4940(d)(2), check here ▶ □ and enter "N/A" on line 1.			
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)			
b	b Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🔲 and enter 1%			<u>0.</u>
	of Part I, line 27b			
	c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).			
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			<u>0.</u>
3	Add lines 1 and 2			0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
_	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			0.
6	1 1			
	a 2010 estimated tax payments and 2009 overpayment credited to 2010			
	b Exempt foreign organizations - tax withheld at source  6b			
	c Tax paid with application for extension of time to file (Form 8868)  d Region withhelding except withheld			
	d Backup withholding erroneously withheld  Total gradity and payments. Add lines for through fid.			^
8	Total credits and payments. Add lines 6a through 6d  Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached  8			0.
				0.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		-	<del></del>
	Enter the amount of line 10 to be: Credited to 2011 estimated tax			
	art VII-A Statements Regarding Activities			
	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		Yes	No
	any political campaign?	1a		X
b	b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or			
	distributed by the foundation in connection with the activities.			
C	Did the foundation file Form 1120-POL for this year?	1c		X
	f Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation. ▶ \$ 0. (2) On foundation managers. ▶ \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
	managers. ► \$ 0 .			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
	If "Yes," attach a detailed description of the activities.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or			
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		<u> </u>
	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
	o If "Yes," has it filed a tax return on Form 990-T for this year?			
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5_		<u> </u>
	If "Yes," attach the statement required by General Instruction T.			
О	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	By language in the governing instrument, or      By state languages that offertively amende the governing instrument on that no mandatory discretizes that conflict with the state language.			
	<ul> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?</li> </ul>		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.	'-		
Яa	a Enter the states to which the foundation reports or with which it is registered (see instructions)			
Ja	IA	-		
h	o If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)	-		
-	of each state as required by General Instruction G? If "No," attach explanation  N/A	. 8b		
9				
-	year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," complete Part XIV	9		<u> </u>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		<u>x</u>
	- · · · · · · · · · · · · · · · · · · ·	Form <b>990</b>	-PF(	

023531 12-07-10

X

3Ь

4a

N/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,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

Form 4720, to determine if the foundation had excess business holdings in 2010.)

had not been removed from jeopardy before the first day of the tax year beginning in 2010?

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

orm 990-PF (2010) COMFORT FAMILY FOUNDATIO	)N		27-30795	<b>512</b> P	age <b>6</b>
Part Vil-B. Statements Regarding Activities for Which	Form 4720 May Be F	Required (contin	ued)		
• 5a During the year did the foundation pay or incur any amount to:					
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Ye	s X No		
(2) Influence the outcome of any specific public election (see section 4955);	or to carry on, directly or indire	ectly,	į.		
any voter registration drive?	Ye	s X No			
(3) Provide a grant to an individual for travel, study, or other similar purposes	Ye	s X No			
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section		ł		
509(a)(1), (2), or (3), or section 4940(d)(2)?		Ye	s X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary	, or educational purposes, or f	or		İ	
the prevention of cruelty to children or animals?			s X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	der the exceptions described i	n Regulations			
section 53.4945 or in a current notice regarding disaster assistance (see instru		•	N/A	5b	
Organizations relying on a current notice regarding disaster assistance check h					
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f	rom the tax because it maintai	ned			
expenditure responsibility for the grant?		/A 🔲 Ye	es 🔲 No		
If "Yes," attach the statement required by Regulations section 53.494					
6a Did the foundation, during the year, receive any funds, directly or indirectly, to					
a personal benefit contract?		☐ Y <sub>6</sub>	s X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a	personal benefit contract?			6b	X
If "Yes" to 6b, file Form 8870.					
7a At any time during the tax year, was the foundation a party to a prohibited tax	shelter transaction?		s X No	İ	
b If "Yes," did the foundation receive any proceeds or have any net income attrib			. –	7b	
Information About Officers, Directors, Trust		nagers, Highly		, ,	
Part VIII Paid Employees, and Contractors	,		•		
1 List all officers, directors, trustees, foundation managers and their	compensation.			·	
A Niloson and address	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans	(e) Expe account,	nșe
(a) Name and address	to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	allowan	ces
FRANK B. COMFORT	DIRECTOR, PRE	SIDENT, S	EC. AND	TREAS	•
13815 SHERIDAN DRIVE					
JRBANDALE, IA 50323	0.00	0.	0.		0.
DEBORAH E. MILLER	VICE PRESIDEN	T			
4926 CEDAR DRIVE	}				
WEST DES MOINES, IA 50266	0.00	0.	0.		0.
CONSTANCE M. COMFORT	VICE PRESIDEN	$\mathbf{r}$			
2921 FOX RUN					
DES MOINES, IA 50321	0.00	0.	0.		0.
ROBERT A. VANORSDEL	DIRECTOR				
700 WLANUT STREET, SUITE 1600					
DES MOINES, IA 50309	0.00	0.	0.		0.
2 Compensation of five highest-paid employees (other than those inc	cluded 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 deferred compensation	(e) Expe account, allowan	other
NONE					
			<u></u>	<u>L_</u> _	
Total number of other employees paid over \$50,000			•		0

Part VIII Information About Officers, Directors, Trustees, Four Paid Employees, and Contractors (continued)	ndation managers, riigniy	
3 Five highest-paid independent contractors for professional services. If none, e	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		<b>▶</b> 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant s		
number of organizations and other beneficiaries served, conferences convened, research papers	produced, etc.	Expenses
	produced, etc.	
1 N/A	produced, etc.	Expenses 0.
1 N/A	produced, etc.	
1 N/A	produced, etc.	
number of organizations and other beneficiaries served, conferences convened, research papers  1 N/A  2	produced, etc.	
1 N/A		

All other program-related investments. See instructions.

Total. Add lines 1 through 3

P	art.X Minimum Investment Return (All domestic foundations must complete	this part. Foreign four	ndations, see ins	tructions.)
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	0.
b	Average of monthly cash balances		1b	
C	Fair market value of all other assets		1c	
d	Total (add lines 1a, b, and c)		1d	0.
е	Reduction claimed for blockage or other factors reported on lines 1a and			
	1c (attach detailed explanation)	0.		
2	Acquisition indebtedness applicable to line 1 assets		2	0.
3	Subtract line 2 from line 1d	[	3	0.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions	) (	4	
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	ĺ	5	0.
6	Minimum investment return. Enter 5% of line 5		6	0.
P	<b>art XI</b> Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private of foreign organizations check here and do not complete this part.)	perating foundations an	d certain	
1	Minimum investment return from Part X, line 6		1	0.
2a	Tax on investment income for 2010 from Part VI, line 5			
b	Income tax for 2010. (This does not include the tax from Part VI.)			
C	Add lines 2a and 2b		2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1		3	0.
4	Recoveries of amounts treated as qualifying distributions		4	0.
5	Add lines 3 and 4		5	0.
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	0.
P	art XII Qualifying Distributions (see instructions)			
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:			
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26		1a	0.
þ	Program-related investments - total from Part IX-B		16	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purpose	s	2	
3	Amounts set aside for specific charitable projects that satisfy the:			
a	Suitability test (prior IRS approval required)		3a	
b	Cash distribution test (attach the required schedule)		3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line	1	4	0.
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	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4		6	0.
	Note. The amount on line 6 will be used in Part V. column (b), in subsequent years when calculating v	whether the foundation of	nualifies for the sec	tion

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2009	(c) 2009	( <b>d)</b> 2010
1 Distributable amount for 2010 from Part XI,				
line 7				0.
2 Undistributed income, if any, as of the end of 2010				
a Enter amount for 2009 only			0.	
b Total for prior years:				
		0.		
3 Excess distributions carryover, if any, to 2010:			• ••	
<b>a</b> From 2005				
<b>b</b> From 2006				
c From 2007				
d From 2008				
e From 2009				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2010 from				
Part XII, line 4: ► \$0 .				
a Applied to 2009, but not more than line 2a	_		0.	
<b>b</b> Applied to undistributed income of prior		, , , , , , , , , , , , , , , , , , , ,		
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2010 distributable amount				0.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
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				
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		0.		
amount - see instructions		0.		
e Undistributed income for 2009. Subtract line				<u></u>
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2010. Subtract			0.	
lines 4d and 5 from line 1. This amount must				
be distributed in 2011			:	0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2005				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2011.		·		
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:	•			
a Excess from 2006				
b Excess from 2007				
c Excess from 2008				
d Excess from 2009	•	:		
e Excess from 2010				
<u> </u>		<u> </u>	1	Form <b>990-PF</b> (2010)

Form 990-PF (2010) <b>COMFORT</b>	FAMILY FOU	NDATION			)79512 Page 10
Part XIV Private Operating F			A, question 9)	N/A	
1 a If the foundation has received a ruling o					
foundation, and the ruling is effective fo		_	▶ ∟		
<b>b</b> Check box to indicate whether the found		ng foundation described is		4942(j)(3) or 4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total
investment return from Part X for					
each year listed					
<b>b</b> 85% of line 2a				-	
c Qualifying distributions from Part XII,					
line 4 for each year listed			·		
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly	'				
for active conduct of exempt activities.	'				
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon;	!				
a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public	-				
and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XV   Supplementary Info	rmation (Comple	te this part only i	f the foundation	n had \$5,000 or m	ore in assets
at any time during t			N/A		
1 Information Regarding Foundation	n Managers:				
a List any managers of the foundation wh	-	than 2% of the total contr	butions received by the	e foundation before the clo	ose of any tax
year (but only if they have contributed n			-		•
<b>b</b> List any managers of the foundation wh	o own 10% or more of th	e stock of a corporation (	or an equally large port	on of the ownership of a j	partnership or
other entity) of which the foundation has	s a 10% or greater interes	st.			·
2 Information Regarding Contributi	on, Grant, Gift, Loan,	Scholarship, etc., Pro	ograms:		
Check here 🕨 🗶 if the foundation o				not accept unsolicited req	uests for funds. If
the foundation makes gifts, grants, etc.	(see instructions) to indiv	riduals or organizations ui	nder other conditions, c	omplete items 2a, b, c, an	d d.
a The name, address, and telephone num	ber of the person to whor	n applications should be	addressed:	-	
· · · · · · · · · · · · · · · · · · ·	·				
<b>b</b> The form in which applications should b	e submitted and informat	tion and materials they sh	ould include:		
c Any submission deadlines:					
d Any restrictions or limitations on awards	s, such as by geographics	al areas, charitable fields	kinds of institutions or	other factors:	
,	., add., ad by goograpillot	arous, orientable licids,	do or moutations, Of	Caron luctors,	
023601 12-07-10		<del></del>			Form <b>990-PF</b> (2010)

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation status of recipient Purpose of grant or contribution show any relationship to Amount any foundation manager Name and address (home or business) or substantial contributor a Paid during the year NONE ō. ▶ 3a b Approved for future payment NONE Total **▶** 3b

11

023611 12-07-10

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

Enter gross amounts unless otherwise indicated.	Unrelated business income			ded by section 512, 513, or 514	(e)		
•	(a) Business	(b)	(c) Exclu-	(d)	Related or exempt		
1 Program service revenue:	code	Amount	sion code	Amount	function income		
a							
b	_						
c							
d							
e				-			
			<u> </u>				
g Fees and contracts from government agencies					<del></del>		
2 Membership dues and assessments							
3 Interest on savings and temporary cash							
investments 4 Dividends and interest from securities			-				
5 Net rental income or (loss) from real estate:				. ,			
a Debt-financed property							
b Not debt-financed property					_		
6 Net rental income or (loss) from personal		-					
property			•				
7 Other investment income							
8 Gain or (loss) from sales of assets other		<del></del>	1				
than inventory							
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.			0.		
13 Total Add line 12, columns (b), (d), and (e)				13	0.		
(See worksheet in line 13 instructions to verify calculations.)		<del></del>		<u></u>	· · · · · · · · · · · · · · · · · · ·		
Part XVI-B Relationship of Activities to	o the Acco	omplishment of Ex	emp	t Purposes			
Line No Explain below how each activity for which income	me is reported i	in column (e) of Part XVI-A	contri	buted importantly to the accord	nolishment of		
the foundation's exempt purposes (other than							
	-						
	· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·			
-							
		<del></del> -	_				
				<del></del>	<del></del>		
			_	·	·		
			_				
023621 12-07-10					Form <b>990-PF</b> (2010)		

Part						actions a	ınd Relationsl	hips With No	ncharitable		ye is
1 Did	the or	ganization directly or indir		of the follows	in with any oth	er organizatio	on described in secti	on 501(c) of		Yes	No
		(other than section 501(c)						011 30 1(0) 01			110
		from the reporting founda				ondoar organ	izations:				
	Cash	nom the reporting leaned	ation to a nononana	iolo oxompt or	gumzation oi.				1a(1)		Х
		assets							1a(2)		X
		sactions:							1.5(-7		
		of assets to a noncharital	ble exempt organiza	tion					1b(1)		X
٠,		nases of assets from a noi	. •						1b(2)		X
٠,		il of facilities, equipment,		DI GUITIZATION					1b(3)		X
		bursement arrangements	0. 00. 4000.0						1b(4)		X
		s or loan guarantees							1b(5)	-	X
		rmance of services or me	mhershin or fundrai	sına salıcıtatıa	ins				1b(6)		X
		f facilities, equipment, ma							1c		X
		ver to any of the above is				h) should alv	ways show the fair m	narket value of the o		sets.	
or s	service	s given by the reporting fo	oundation. If the four	ndation receive						.0.0,	
(a) Line n	<del></del>	(b) Amount involved			e exempt organ	ızatıon	(d) Description	of transfers, transaction	ns, and sharing ar	rangeme	ents
				N/A							
	$\perp$										
	+						-				<u>_</u>
	<del></del>					<del></del> .	<del>- </del>		· · · ·		
	+-										
	+							<del>-</del>			
	+										
	$\top$										
	+										
		-									
	T-										
	T										
		ndation directly or indirect				empt organi	zations described				_
		501(c) of the Code (other	• •	)(3)) or in sect	tion 527?				Yes	LX	No
<u>b lf "\</u>	es," co	omplete the following scho			1 11 27 1						
		(a) Name of org	anization		(b) Type of o	rganization		(c) Description of re	elationship		
		N/A			<del> </del>						
		<del></del>			ļ					_	
		_		<del></del> - · · ·	ļ						
									<u> </u>		
	Unde	er penalties of perjury, I declare	that I have examined the	his return, includ	ing accompanying	schedules and	l d statements, and to the	e best of my knowledge	e and belief, it is tr	ие, согте	ct,
Sign	and o	complete Declaration of prepa	rer (other than taxpayer	or fiduciary) is ba	ased on all inform	ation of which	preparer has any knowle	edge	_		
Here	1		$(\prec)$		!	6-29	-1/	Port			
		Signature of officer or tru	istee			Date	<del></del>	<u>/ reade/</u>			
	1,	Print/Type preparer's na		Preparer's s	ianature	^	Date	Check If	PTIN		
		,	-	\ \		().		self- employed	, and the second		
Paid		DENISE MEN	DΨ	1	. \	Vt	6(27/11/				
Prepa	arer	Firm's name ► NYE		ODE, P	.C.		<u>v~ v_v.</u>	Firm's EIN ▶			
Use (			0 WALNUT			E 1600		THIN GEIN P			
	•	Firm's address ▶ DE						Phone no. (	515) 28	3-3	100
						- <del>-</del>					
-									Form <b>990</b>	)-PF	(2010)

### Form **8868**

(Rev. January 2011)

Department of the Treasury

# Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Internal Rev	enue Service	► File a sepa	rate appl	ication for each return.		<u></u>		
• If you	are filing for an Aut	omatic 3-Month Extension, complet	te only Pa	ert I and check this box			X	
If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)								
Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868								
Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation								
required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension								
of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain								
Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form,								
visit www.irs.gov/efile and click on e-file for Chanties & Nonprofits.								
Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).								
				onth extension - check this box and com	nlete			
Part I onl		Troini 330 Fand requesting an auton	natic offic	of the sterision - check this box and con	piere	_		
	•	ing 1120-C filers) partnerships DEM	 ICs and to	 rusts must use Form 7004 to request an	ovton	sion of time		
	ome tax returns.	ming 1120°C illers), partiterships, helvi	os, and ti	usis must use Form 7004 to request an	exteri	Sion or time		
Type or						Employer identification number		
print	COMBODE ENVILW HOLDER ON					27 2070512		
File by the	COMFORT FAMILY FOUNDATION					27-3079512		
due date for Number, street, and room or suite no. If a P.O. box, see instructions								
return See	700 WALNUT STREET, SUITE 1600							
instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions.							
	DES MOIN	ES, IA 50309		<del></del>		<del></del>		
Enter the	Return code for th	e return that this application is for (file	a separa	te application for each return)		•	0 4	
Application			Return	Application				
Is For			Code	Is For			Return Code	
Form 990			01	Form 990-T (corporation)			07	
Form 990-BL			02	Form 1041-A	ition			
Form 990-EZ			03	Form 4720				
Form 990-PF			04	Form 5227				
Form 990-T (sec. 401(a) or 408(a) trust)				Form 6069			10	
Form 990-T (trust other than above)				Form 8870			12	
Form 990-T (trust other than above)   06 Form 8870  FRANK B. COMFORT								
• The b	ooks are in the care			E - URBANDALE, IA 50	222			
		5) 224-1040	DICTAL	FAX No. ►	<u> </u>			
			un tha l la					
<ul> <li>If the organization does not have an office or place of business in the United States, check this box</li> <li>If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)</li> <li>If this is for the whole group, check this</li> </ul>								
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								
1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until								
<b>&gt;</b>	is for the organization's return for:							
	▶ calendar year or ▼ X tax year beginning JUL 21, 2010 , and ending DEC 31, 2010 .							
, and ending DEC 31, 2010 .								
2 If the tax year entered in line 1 is for less than 12 months, check reason. X Initial return Final return								
	Change in accounting period							
	Criarige in accor	unting period						
3a If ti	his application is fo	r Form 990-BL, 990-PF, 990-T, 4720, o	or 6069, e	nter the tentative tax, less any				
	onrefundable credits. See instructions.				3a	\$	0.	
	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 overp			_		3b	\$	0.	
		et line 3b from line 3a. Include your pa				· <del>V</del>		
		ronic Federal Tax Payment System)	•	•	3с	s	0.	
				orm 8868, see Form 8453-EO and Form		EO for pavment insti		
	_	fuction Act Notice, see Instructions				Form <b>8868</b> (Re		
	-						,	