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

2010

Department of the Treasury
Internal Revenue Service

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

For calendar year 2010, or tax year beginning _____, **2010, and ending** _____

G Check all that apply: Initial return Initial Return of a former public charity Final return
 Amended return Address change Name change

| | | |
|--|---|---|
| Name of foundation The Van Buren Foundation, Inc. | | A Employer identification number 42-6062589 |
| Number and street (or P O box number if mail is not delivered to street address) C/O Community First Bank | | B Telephone number (see the instructions) (319) 293-3794 |
| City or town Keosauqua | | C If exemption application is pending, check here <input type="checkbox"/> |
| State ZIP code IA 52565 | | D 1 Foreign organizations, check here <input type="checkbox"/> |
| H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation | | 2 Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> |
| <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation | | E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/> |
| I Fair market value of all assets at end of year (from Part II, column (c), line 16) \$ 6,588,129. | J Accounting method. <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ | F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/> |
| | | <i>(Part I, column (d) must be on cash basis)</i> |

| Part I Analysis of Revenue and Expenses <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see the instructions))</i> | | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
|---|---|------------------------------------|---------------------------|-------------------------|---|
| REVENUE | 1 Contributions, gifts, grants, etc. received (att sch) | 3,200. | | | |
| | 2 Ck <input checked="" type="checkbox"/> if the foundn is not req to att Sch B | | | | |
| | 3 Interest on savings and temporary cash investments | 4,836. | 4,836. | 4,836. | |
| | 4 Dividends and interest from securities | 137,894. | 137,894. | 137,894. | |
| | 5a Gross rents | 4,275. | 4,275. | 4,275. | |
| | b Net rental income or (loss) -80,969. | | | | |
| | 6a Net gain/(loss) from sale of assets not on line 10 | 5,249. | | | |
| | b Gross sales price for all assets on line 6a 113,362. | | | | |
| | 7 Capital gain net income (from Part IV, line 2) | | 5,249. | | |
| | 8 Net short-term capital gain | | | | |
| | 9 Income modifications | | | | |
| | 10a Gross sales less returns and allowances | | | | |
| b Less Cost of goods sold | | | | | |
| c Gross profit/(loss) (att sch) | | | | | |
| 11 Other income (attach schedule) See Line 11 Stmt | 740. | | 240. | | |
| 12 Total. Add lines 1 through 11 | 156,194. | 152,254. | 147,245. | | |
| ADMINISTRATIVE AND EXPENSES | 13 Compensation of officers, directors, trustees, etc | | | | |
| | 14 Other employee salaries and wages | | | | |
| | 15 Pension plans, employee benefits | | | | |
| | 16a Legal fees (attach schedule) | | | | |
| | b Accounting fees (attach sch) L-16b Stmt | 6,850. | 3,425. | 3,425. | 3,425. |
| | c Other prof fees (attach sch) | | | | |
| | 17 Interest | | | | |
| | 18 Taxes (attach schedule) See Line 18 Stmt | 3,379. | | | |
| | 19 Depreciation (attach sch) and depletion | 44,064. | | | |
| | 20 Occupancy | | | | |
| | 21 Travel, conferences, and meetings | | | | |
| 22 Printing and publications | | | | | |
| 23 Other expenses (attach schedule) See Line 23 Stmt | 41,179. | 4,275. | 4,275. | 36,904. | |
| 24 Total operating and administrative expenses. Add lines 13 through 23 | 95,472. | 7,700. | 7,700. | 40,329. | |
| 25 Contributions, gifts, grants paid | 199,112. | | | 199,110. | |
| 26 Total expenses and disbursements. Add lines 24 and 25 | 294,584. | 7,700. | 7,700. | 239,439. | |
| 27 Subtract line 26 from line 12: | | | | | |
| a Excess of revenue over expenses and disbursements | -138,390. | | | | |
| b Net investment income (if negative, enter -0-) | | 144,554. | | | |
| c Adjusted net income (if negative, enter -0-) | | | 139,545. | | |

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| Part II Balance Sheets | | Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions) | | | |
|------------------------|--|---|---|------------|------------|
| | | Beginning of year (a) Book Value | End of year (b) Book Value (c) Fair Market Value | | |
| ASSETS | 1 | Cash – non-interest-bearing | 20,654. | 10,276. | 10,276. |
| | 2 | Savings and temporary cash investments | 602,652. | 610,227. | 610,227. |
| | 3 | Accounts receivable | | | |
| | | Less: allowance for doubtful accounts | | | |
| | 4 | Pledges receivable | | | |
| | | Less: allowance for doubtful accounts | | | |
| | 5 | Grants receivable | | | |
| | 6 | Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see the instructions) | | | |
| | 7 | Other notes and loans receivable (attach sch) | | | |
| | | Less. allowance for doubtful accounts | 95,530. | 103,237. | 103,237. |
| | 8 | Inventories for sale or use | | | |
| | 9 | Prepaid expenses and deferred charges | 10,264. | 7,850. | 7,850. |
| | 10a | Investments – U.S. and state government obligations (attach schedule) | | | |
| | b | Investments – corporate stock (attach schedule) L-10b Stmt | 4,871,521. | 4,773,508. | 5,015,925. |
| | c | Investments – corporate bonds (attach schedule) L-10c Stmt | 200,000. | 200,000. | 196,990. |
| | 11 | Investments – land, buildings, and equipment basis | | | |
| | Less: accumulated depreciation (attach schedule) | | | | |
| 12 | Investments – mortgage loans | | | | |
| 13 | Investments – other (attach schedule) | | | | |
| 14 | Land, buildings, and equipment: basis 1,228,781. | | | | |
| | Less: accumulated depreciation (attach schedule) L-14 Stmt 585,793. | 686,054. | 642,988. | 642,988. | |
| 15 | Other assets (describe L-15 Stmt) | 437. | 636. | 636. | |
| 16 | Total assets (to be completed by all filers – see instructions. Also, see page 1, item 1) | 6,487,112. | 6,348,722. | 6,588,129. | |
| LIABILITIES | 17 | Accounts payable and accrued expenses | | | |
| | 18 | Grants payable | | | |
| | 19 | Deferred revenue | | | |
| | 20 | Loans from officers, directors, trustees, & other disqualified persons | | | |
| | 21 | Mortgages and other notes payable (attach schedule) | | | |
| | 22 | Other liabilities (describe) | | | |
| | 23 | Total liabilities (add lines 17 through 22) | | | |
| NET ASSET BALANCES | Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. <input checked="" type="checkbox"/> | | | | |
| | 24 | Unrestricted | 5,198,513. | 4,974,297. | |
| | 25 | Temporarily restricted | 519,105. | 604,931. | |
| | 26 | Permanently restricted | 769,494. | 769,494. | |
| | Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. <input type="checkbox"/> | | | | |
| | 27 | Capital stock, trust principal, or current funds | | | |
| | 28 | Paid-in or capital surplus, or land, building, and equipment fund | | | |
| 29 | Retained earnings, accumulated income, endowment, or other funds | | | | |
| 30 | Total net assets or fund balances (see the instructions) | 6,487,112. | 6,348,722. | | |
| 31 | Total liabilities and net assets/fund balances (see the instructions) | 6,487,112. | 6,348,722. | | |

Part III Analysis of Changes in Net Assets or Fund Balances

| | | | |
|---|--|---|------------|
| 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 | 6,487,112. |
| 2 | Enter amount from Part I, line 27a | 2 | -138,390. |
| 3 | Other increases not included in line 2 (itemize) | 3 | |
| 4 | Add lines 1, 2, and 3 | 4 | 6,348,722. |
| 5 | Decreases not included in line 2 (itemize) | 5 | |
| 6 | Total net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b), line 30 | 6 | 6,348,722. |

Part IV Capital Gains and Losses for Tax on Investment Income

| (a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shares MLC Company) | (b) How acquired P — Purchase D — Donation | (c) Date acquired (month, day, year) | (d) Date sold (month, day, year) |
|--|--|---|-------------------------------------|
| 1a 525 SHARES US BANCORP | P | 02/07/96 | 02/26/10 |
| b 465 SHARES WELLS FARGO | P | 08/24/00 | 02/26/10 |
| c 449 SHARES VANGUARD STARR FUND | P | Various | 01/06/10 |
| d 289 SHARES NEW WORLD FUND | P | Various | 09/27/10 |
| e See Columns (a) thru (d) | | | |

| (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other basis plus expense of sale | (h) Gain or (loss) (e) plus (f) minus (g) |
|----------------------------|--|---|--|
| a 12,569. | | 5,529. | 7,040. |
| b 12,588. | | 10,301. | 2,287. |
| c 8,000. | | 8,391. | -391. |
| d 15,000. | | 10,036. | 4,964. |
| e See Columns (e) thru (h) | | 73,856. | -8,651. |

| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 | | | (l) Gains (Column (h) gain minus column (k), but not less than -0-) or Losses (from column (h)) |
|---|--------------------------------------|---|---|
| (i) Fair Market Value as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of column (i) over column (j), if any | |
| a | | | 7,040. |
| b | | | 2,287. |
| c | | | -391. |
| d | | | 4,964. |
| e See Columns (i) thru (l) | | | -8,651. |

| | | |
|---|---|--------|
| 2 Capital gain net income or (net capital loss). [If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7] | 2 | 5,249. |
| 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): [If gain, also enter in Part I, line 8, column (c) (see the instructions) If (loss), enter -0- in Part I, line 8] | 3 | |

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? Yes No

If 'Yes,' the foundation does not qualify under section 4940(e). Do not complete this part

1 Enter the appropriate amount in each column for each year; see the instructions before making any entries.

| (a) Base period years Calendar year (or tax year beginning in) | (b) Adjusted qualifying distributions | (c) Net value of noncharitable-use assets | (d) Distribution ratio (column (b) divided by column (c)) |
|--|---------------------------------------|--|--|
| 2009 | 272,953. | 4,875,840. | 0.055981 |
| 2008 | 274,421. | 5,847,507. | 0.046930 |
| 2007 | 209,737. | 6,701,454. | 0.031297 |
| 2006 | 293,656. | 6,129,217. | 0.047911 |
| 2005 | 331,223. | 5,934,056. | 0.055817 |

| | | |
|--|---|------------|
| 2 Total of line 1, column (d) | 2 | 0.237936 |
| 3 Average distribution ratio for the 5-year base period — divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years | 3 | 0.047587 |
| 4 Enter the net value of noncharitable-use assets for 2010 from Part X, line 5 | 4 | 5,423,449. |
| 5 Multiply line 4 by line 3 | 5 | 258,086. |
| 6 Enter 1% of net investment income (1% of Part I, line 27b) | 6 | 1,446. |
| 7 Add lines 5 and 6 | 7 | 259,532. |
| 8 Enter qualifying distributions from Part XII, line 4 | 8 | 240,438. |

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see the instructions)

| | | | |
|----|--|----|--------|
| 1 | Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter 'N/A' on line 1. Date of ruling or determination letter _____ (attach copy of letter if necessary - see instr.) | | |
| b | Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b | 1 | 2,891. |
| c | All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, column (b) | | |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | 2 | 0. |
| 3 | Add lines 1 and 2 | 3 | 2,891. |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | 4 | 0. |
| 5 | Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0- | 5 | 2,891. |
| 6 | Credits/Payments | | |
| a | 2010 estimated tax pmts and 2009 overpayment credited to 2010 | 6a | 6,494. |
| b | Exempt foreign organizations - tax withheld at source | 6b | |
| c | Tax paid with application for extension of time to file (Form 8868) | 6c | 0. |
| d | Backup withholding erroneously withheld | 6d | |
| 7 | Total credits and payments Add lines 6a through 6d | 7 | 6,494. |
| 8 | Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached | 8 | |
| 9 | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | 9 | |
| 10 | Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | 10 | 3,603. |
| 11 | Enter the amount of line 10 to be Credited to 2011 estimated tax 3,603. Refunded | 11 | |

Part VII-A Statements Regarding Activities

| | Yes | No |
|---|-----|----|
| 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? | | X |
| b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)? <i>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</i> | | X |
| c Did the foundation file Form 1120-POL for this year? | | X |
| d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation \$ _____ (2) On foundation managers \$ _____ | | |
| e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers \$ _____ | | |
| 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If 'Yes,' attach a detailed description of the activities</i> | | X |
| 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? <i>If 'Yes,' attach a conformed copy of the changes</i> | | X |
| 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? | | X |
| b 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? <i>If 'Yes,' attach the statement required by General Instruction T</i> | | X |
| 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • 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? | X | |
| 7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If 'Yes,' complete Part II, column (c), and Part XV</i> | X | |
| 8a Enter the states to which the foundation reports or with which it is registered (see the instructions) <u>IA - Iowa</u> | | |
| b 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 <i>General Instruction G</i> ? <i>If 'No,' attach explanation</i> | X | |
| 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? <i>If 'Yes,' complete Part XIV.</i> | | X |
| 10 Did any persons become substantial contributors during the tax year? <i>If 'Yes,' attach a schedule listing their names and addresses.</i> | | X |

Part 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? Website address <u>N/A</u> | 13 | X | |
| 14 | The books are in care of <u>GEORGE MANNING</u> Telephone no. <u>(319) 293-3794</u> Located at <u>COMMUNITY FIRST BANK KEOSAUQUA IA</u> ZIP + 4 <u>52565</u> | | | |
| 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 <u>15</u> | | | |
| 16 | At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for Form TD F 90-22 1 If 'Yes,' enter the name of the foreign country | 16 | Yes | No |
| | | | | X |

Part VII B 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 |
|--|-----|----|
| 1 a During the year did the foundation (either directly or indirectly): | | |
| (1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| (6) Agree to pay money or property to a government official? (Exception. Check 'No' 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.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| b If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see the instructions)? Organizations relying on a current notice regarding disaster assistance check here <input type="checkbox"/> | 1b | |
| 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 2010? | 1c | X |
| 2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)): | | |
| a At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2010? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes,' list the years <u>20__</u> , <u>20__</u> , <u>20__</u> , <u>20__</u> | | |
| b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer 'No' and attach statement - see the instructions.) | 2b | |
| c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. <u>20__</u> , <u>20__</u> , <u>20__</u> , <u>20__</u> | | |
| 3 a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| b If 'Yes,' did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or disqualified persons after 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 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, Form 4720, to determine if the foundation had excess business holdings in 2010.) | 3b | |
| 4 a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | X |
| b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010? | 4b | X |

Part VII(B) Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a During the year did the foundation pay or incur any amount to:

- (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? Yes No
- (2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? Yes No
- (3) Provide a grant to an individual for travel, study, or other similar purposes? Yes No
- (4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions) Yes No
- (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? Yes No

b If any answer is 'Yes' to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

Organizations relying on a current notice regarding disaster assistance check here

c If the answer is 'Yes' to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

If 'Yes,' attach the statement required by Regulations section 53.4945-5(d).

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

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? Yes No

b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?

| | | |
|----|--|---|
| | | |
| 5b | | X |
| 6b | | X |
| 7b | | |

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).

| (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 |
|--|--|---|---|---------------------------------------|
| JON FINNEY 17248 HIGHWAY 1 KEOSAUQUA IA 52565 | CHAIRMAN 0.25 | 0. | 0. | 0. |
| MATTHEW MANNING 502 FRANKLIN ST KEOSAUQUA IA 52565 | PRESIDENT 0.25 | 0. | 0. | 0. |
| SANDY MCLAIN 27390 V56 MILTON IA 52570 | V PRESIDENT 0.25 | 0. | 0. | 0. |
| See Information about Officers, Directors, Trustees, Etc | | 0. | 0. | 0. |

2 Compensation of five highest-paid employees (other than those included on line 1— see instructions). 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) Expense account, other allowances |
|---|--|------------------|---|---------------------------------------|
| NONE | | | | |
| 0 | | | | |
| 0 | | | | |
| 0 | | | | |
| 0 | | | | |

Total number of other employees paid over \$50,000

None

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services (see instructions). 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 | | None |

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 |
|--|----------|
| 1 EXPENSES ATTRIBUTABLE TO MAINTAINING THE ROBERTS MEMORIAL BUILDING - SEE SCHEDULE | 85,244. |
| 2 OTHER QUALIFYING GRANTS AND SCHOLARSHIPS - SEE SCHEDULE | 199,112. |
| 3 ----- | |
| 4 ----- | |

Part IX B Summary of Program-Related Investments (see instructions)

| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. | Amount |
|---|--------|
| 1 ----- | |
| 2 ----- | |
| All other program-related investments. See instructions | |
| 3 ----- | |
| Total. Add lines 1 through 3 | |

BAA

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see 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 | 4,906,476. |
| b Average of monthly cash balances | 1b | 599,475. |
| c Fair market value of all other assets (see instructions) | 1c | 89. |
| d Total (add lines 1a, b, and c) | 1d | 5,506,040. |
| e Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) | 1e | |
| 2 Acquisition indebtedness applicable to line 1 assets | 2 | |
| 3 Subtract line 2 from line 1d | 3 | 5,506,040. |
| 4 Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | 82,591. |
| 5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 5,423,449. |
| 6 Minimum investment return. Enter 5% of line 5 | 6 | 271,172. |

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here and do not complete this part.)

| | | |
|---|-----------|----------|
| 1 Minimum investment return from Part X, line 6 | 1 | 271,172. |
| 2a Tax on investment income for 2010 from Part VI, line 5 | 2a | 2,891. |
| b Income tax for 2010. (This does not include the tax from Part VI) | 2b | |
| c Add lines 2a and 2b | 2c | 2,891. |
| 3 Distributable amount before adjustments Subtract line 2c from line 1 | 3 | 268,281. |
| 4 Recoveries of amounts treated as qualifying distributions | 4 | 500. |
| 5 Add lines 3 and 4 | 5 | 268,781. |
| 6 Deduction from distributable amount (see instructions) | 6 | |
| 7 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1 | 7 | 268,781. |

Part 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 | 239,439. |
| b Program-related investments – total from Part IX-B | 1b | |
| 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes | 2 | 999. |
| 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 4 | 4 | 240,438. |
| 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 (see instructions) | 5 | 0. |
| 6 Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 240,438. |

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2009 | (c) 2009 | (d) 2010 |
|---|---------------|----------------------------|-------------|-------------|
| 1 Distributable amount for 2010 from Part XI, line 7 | | | | 268,781. |
| 2 Undistributed income, if any, as of the end of 2010 | | | | |
| a Enter amount for 2009 only | | | 0. | |
| b Total for prior years: 20___, 20___, 20___ | | | | |
| 3 Excess distributions carryover, if any, to 2010: | | | | |
| a From 2005 | 57,196. | | | |
| b From 2006 | 3,047. | | | |
| c From 2007 | 0. | | | |
| d From 2008 | 0. | | | |
| e From 2009 | 34,173. | | | |
| f Total of lines 3a through e | 94,416. | | | |
| 4 Qualifying distributions for 2010 from Part XII, line 4: ▶ \$ 240,438. | | | | |
| a Applied to 2009, but not more than line 2a | | | | |
| b Applied to undistributed income of prior years (Election required – see instructions) | | | | |
| c Treated as distributions out of corpus (Election required – see instructions) | | | | |
| d Applied to 2010 distributable amount | | | | 240,438. |
| 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)) | 28,343. | | | 28,343. |
| 6 Enter the net total of each column as indicated below: | | | | |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 66,073. | | | |
| 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 | | | | |
| d Subtract line 6c from line 6b. Taxable amount – see instructions | | 0. | | |
| e Undistributed income for 2009 Subtract line 4a from line 2a. Taxable amount – see instructions | | | 0. | |
| f Undistributed income for 2010 Subtract 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) (see instructions) | | | | |
| 8 Excess distributions carryover from 2005 not applied on line 5 or line 7 (see instructions) | 28,853. | | | |
| 9 Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a | 37,220. | | | |
| 10 Analysis of line 9: | | | | |
| a Excess from 2006 | 3,047. | | | |
| b Excess from 2007 | 0. | | | |
| c Excess from 2008 | 0. | | | |
| d Excess from 2009 | 34,173. | | | |
| e Excess from 2010 | 0. | | | |

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) N/A

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2010, enter the date of the ruling ▶

b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

| | Tax year | | | | (e) Total |
|--|----------|----------|----------|----------|-----------|
| | (a) 2010 | (b) 2009 | (c) 2008 | (d) 2007 | |
| 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 '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 Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year — see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2).)

NONE

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

NONE

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc, Programs:

Check here if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc, (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number of the person to whom applications should be addressed

PER ATTACHED SCHEDULE

b The form in which applications should be submitted and information and materials they should include.

PER ATTACHED SCHEDULE

c Any submission deadlines:

PER ATTACHED SCHEDULE

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

PER ATTACHED SCHEDULE

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient Name and address (home or business) | 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 |
|---|---|--------------------------------|---|-----------------|
| a Paid during the year | | | | |
| BONAPARTE PUBLIC LIBRARY P.O. BOX 186 BONAPARTE IA 52620 | NONE | PUBLIC | COMPUTERS FOR PUBLIC USE | 2,000. |
| MILTON AMERICAN LEGION 320 N. MAIN ST MILTON IA 52570 | NONE | PUBLIC | ROOF REPLACEMENT | 2,225. |
| HARMONY COMMUNITY SCHOOL 3327 ROUTE J40 FARMINGTON IA 52626 | NONE | PUBLIC | PROMETHEAN BOARDS FOR MATH AND SCIENCE CLASSROOMS | 10,914. |
| CITY OF KEOSAUQUA CITY HALL 804 1ST ST KEOSAUQUA, IA 52565 | NONE | PUBLIC | VILLAGES OF VAN BUREN BUDGET | 32,000. |
| KEOSAUQUA SENIOR CENTER 801 FRONT ST KEOSAUQUA IA 52565 | NONE | PUBLIC | WINDOW REPLACEMENT | 3,000. |
| HARMONY COMMUNITY SCHOOLS 33727 RT J40 FARMINGTON IA 52626 | NONE | PUBLIC | HIGH SCHOOL AND ELEMENTARY LIVING SKILLS | 1,000. |
| PATHFINDERS R, C & D 1805 WEST JEFFERSON FAIRFIELD IA 52556 | NONE | PUBLIC | 6 COUNTY HOMETIME HARVEST DIRECTOR | 1,250. |
| BONAPARTE FIRE DEPARTMENT P O BOX 156 BONAPARTE IA 52620 | NONE | PUBLIC | TRASH PUMP | 4,500. |
| BOY SCOUT TROOP 99 P O BOX 2 KEOSAUQUA IA 52565 | NONE | PUBLIC | SUMMER CAMP ATTENDEES | 1,100. |
| See Line 3a statement | | | | 141,123. |
| Total | | | | 199,112. |
| b Approved for future payment | | | | |
| BOY SCOUT TROOP 99 P.O. BOX 2 KEOSAUQUA IA 52565 | NONE | PUBLIC | SUMMER CAMP | 1,000. |
| HARMONY HIGH SCHOOL 33727 RT J40 FARMINGTON IA 52626 | NONE | PUBLIC | WORK STIPENDS | 1,000. |
| See Line 3b statement | | | | 214,460. |
| Total | | | | 216,460. |

Form 990-PF, Page 1, Part I, Line 11

Line 11 Stmt

| Other income: | Rev/Exp Book | Net Inv Inc | Adj Net Inc |
|--------------------|--------------|-------------|-------------|
| Membership Dues | 240. | | 240. |
| SCHOLARSHIP REFUND | 500. | | |
| Total | <u>740.</u> | | <u>240.</u> |

Form 990-PF, Page 1, Part I, Line 18

Line 18 Stmt

| Taxes (see the instructions) | Rev/Exp Book | Net Inv Inc | Adj Net Inc | Charity Disb |
|------------------------------|---------------|-------------|-------------|--------------|
| PRIOR YEARS INVESTMENT TAX | 2,506. | | | |
| Foreign Tax Paid | 873. | | | |
| Total | <u>3,379.</u> | | | |

Form 990-PF, Page 1, Part I, Line 23

Line 23 Stmt

| Other expenses: | Rev/Exp Book | Net Inv Inc | Adj Net Inc | Charity Disb |
|-----------------------|----------------|---------------|---------------|----------------|
| Insurance | 3,418. | | | 3,418. |
| Janitor | 9,491. | | | 9,491. |
| Miscellaneous | 640. | | | 640. |
| Repairs & Maintenance | 11,505. | | | 11,505. |
| Supplies | 3,986. | | | 3,986. |
| Utilities & Telephone | 12,139. | 4,275. | 4,275. | 7,864. |
| Total | <u>41,179.</u> | <u>4,275.</u> | <u>4,275.</u> | <u>36,904.</u> |

Form 990-PF, Part IV, Capital Gains and Losses for Tax on Investment Income

Columns (a) thru (d)

| (a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shares MLC Company) | (b) How acquired P-Purchase D-Donation | (c) Date acquired (month, day, year) | (d) Date sold (month, day, year) |
|--|---|---|---|
| 1008 SHARES GOLDMAN SACHS MID CAP VAL | P | Various | 07/19/10 |
| 899 SHARES AMCAP FUND CL A | P | Various | 09/27/10 |
| 297 SHARES GOLDMAN SACHS MID CAP VAL CL A | P | Various | 11/24/10 |
| 558 SHARES AMCAP FUND CL A | P | Various | 11/24/10 |
| 12.45 SHARES AMERICAN BALANCED FUND | P | Various | 01/11/10 |

Form 990-PF, Part IV, Capital Gains and Losses for Tax on Investment Income

Columns (e) thru (h)

| (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other basis plus expense of sale | (h) Gain or (loss) (e) plus (f) minus (g) |
|--------------------------|--|---|--|
| 30,000. | | 36,343. | -6,343. |
| 15,000. | | 16,395. | -1,395. |
| 10,000. | | 10,711. | -711. |
| 10,000. | | 10,168. | -168. |
| 205. | | 239. | -34. |

Form 990-PF, Part IV, Capital Gains and Losses for Tax on Investment Income
Columns (e) thru (h)

Continued

| (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other basis plus expense of sale | (h) Gain or (loss) (e) plus (f) minus (g) |
|-----------------------|---|--|---|
| Total | | <u>73,856.</u> | <u>-8,651.</u> |

Form 990-PF, Part IV, Capital Gains and Losses for Tax on Investment Income
Columns (i) thru (l)

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

| (i) Fair Market Value as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of column (i) over column (j), if any | (l) Gains (column (h) gain minus column (k), but not less than -0-) or losses (from column (h)) |
|--------------------------------------|-----------------------------------|--|---|
| | | | -6,343. |
| | | | -1,395. |
| | | | -711. |
| | | | -168. |
| | | | -34. |
| Total | | | <u>-8,651.</u> |

Form 990-PF, Page 6, Part VIII, Line 1

Information about Officers, Directors, Trustees, Etc.

| (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 |
|--|---|---|---|---------------------------------------|
| Person <input checked="" type="checkbox"/> Business <input type="checkbox"/> GEORGE MANNING 21723 HWY 2 KEOSAUQUA IA 52565 | TREASURER 0.50 | 0. | 0. | 0. |
| Person <input checked="" type="checkbox"/> Business <input type="checkbox"/> JEANNE ERICKSON 23662 HWY 1 KEOSAUQUA IA 52565 | ASST TREASURER 0.25 | 0. | 0. | 0. |
| Person <input type="checkbox"/> Business <input type="checkbox"/> CRYSTAL CRONK 21532 IRIS TRAIL KEOSAUQUA IA 52565 | SECRETARY 0.25 | 0. | 0. | 0. |
| Person <input checked="" type="checkbox"/> Business <input type="checkbox"/> ALLEN GUNN 31672 245TH BONAPARTE IA 52620 | DIRECTOR 0.25 | 0. | 0. | 0. |
| Person <input checked="" type="checkbox"/> Business <input type="checkbox"/> STEVE KISLING 811 LOUIS ST KEOSAUQUA IA 52565 | DIRECTOR 0.25 | 0. | 0. | 0. |

Form 990-PF, Page 6, Part VIII, Line 1

Continued

Information about Officers, Directors, Trustees, Etc.

| (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 |
|--|--|--|--|--|
| Person <input checked="" type="checkbox"/> Business <input type="checkbox"/> MARY JO SMITH 801 ROAD ST FARMINGTON IA 52626 | ASSISTANT SECRETARY 0.25 | 0. | 0. | 0. |
| Person <input checked="" type="checkbox"/> Business <input type="checkbox"/> JOHN MANNING 22332 IOWA OAK GROVE AVE KEOSAUQUA IA 52565 | DIRECTOR 0.25 | 0. | 0. | 0. |
| Person <input checked="" type="checkbox"/> Business <input type="checkbox"/> KEVIN HRANICKA 853 COUNTRY LANE RD KEOSAUQUA IA 52565 | DIRECTOR 0.25 | 0. | 0. | 0. |
| Person <input checked="" type="checkbox"/> Business <input type="checkbox"/> JANET GILCHRIST 14050 HWY 16 DOUDS IA 52551 | DIRECTOR 0.25 | 0. | 0. | 0. |
| Person <input checked="" type="checkbox"/> Business <input type="checkbox"/> PAT MILLER 18549 HWY 1 KEOSAUQUA IA 52565 | DIRECTOR 0.25 | 0. | 0. | 0. |
| Person <input checked="" type="checkbox"/> Business <input type="checkbox"/> DENNIS GRATZ 33387 245TH ST FARMINGTON IA 52626 | DIRECTOR 0.25 | 0. | 0. | 0. |
| Person <input checked="" type="checkbox"/> Business <input type="checkbox"/> FRED CHAPUIS 11787 RT W30 STOCKPORT IA 52651 | DIRECTOR 0.25 | 0. | 0. | 0. |
| Person <input checked="" type="checkbox"/> Business <input type="checkbox"/> MILES BOATMAN 16798 RT V64 DOUDS IA 52551 | DIRECTOR 0.25 | 0. | 0. | 0. |
| Person <input checked="" type="checkbox"/> Business <input type="checkbox"/> ARTHUR P OVROM 1001 FRONT ST KEOSAUQUA IA 52565 | DIRECTOR 0.25 | 0. | 0. | 0. |
| Person <input type="checkbox"/> Business <input type="checkbox"/> BEN KOELLNER 12301 300TH ST MILTON IA 52570 | DIRECTOR 0.25 | 0. | 0. | 0. |

Total

0.
0.
0.

Form 990-PF, Page 11, Part XV, line 3a

Line 3a statement

| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Founda- tion status of re- cipient | Purpose of grant or contribution | Person or Business Checkbox Amount |
|--|--|--|---|---|
| a Paid during the year | | | | |
| HARMONY HIGH SCHOOL 33727 RT J40 FARMINGTON IA 52626 | NONE | PUBLIC | LIVING SKILLS CLASS ST LOUIS TRIP | Person or <input type="checkbox"/> Business <input type="checkbox"/> 1,000. |
| BONAPARTE PUBLIC LIBRARY P.O BOX 186 BONAPARTE IA 52620 | NONE | PUBLIC | FURNITURE | Person or <input type="checkbox"/> Business <input type="checkbox"/> 1,500. |
| BONAPARTE MAINSTREET CITY OF BONAPARTE P O BOX 51 BONAPARTE IA 52620 | NONE | PUBLIC | OUTDOOR AUDIO VISUAL EQUIPMENT | Person or <input type="checkbox"/> Business <input type="checkbox"/> 2,000. |
| BIRMINGHAM PUBLIC LIBRARY 310 E MAIN ST BIRMINGHAM, IA 52535 | NONE | PUBLIC | RALPH SHOTT MEMORIAL | Person or <input type="checkbox"/> Business <input type="checkbox"/> 201. |
| VAN BUREN COUNTY EXTENSION SERVICE 200 DODGE ST KEOSAUQUA, IA 52565 | NONE | PUBLIC | 4-H ENROLLMENT FEES | Person or <input type="checkbox"/> Business <input type="checkbox"/> 1,400. |
| VAN BUREN CO. CONSERVATION BOARD 816 FRANKLIN ST KEOSAUQUA IA 52565 | NONE | PUBLIC | GREEF STORE ROOF REPLACEMENT | Person or <input type="checkbox"/> Business <input type="checkbox"/> 5,055. |
| FRIENDS OF LACEY STATE PARK P.O. BOX 130 KEOSAUQUA IA 52565 | NONE | PUBLIC | WEST END PARK IMPROVEMENTS | Person or <input type="checkbox"/> Business <input type="checkbox"/> 20,000. |
| VAN BUREN TRAILS P.O. BOX 327 KEOSAUQUA IA 52565 | NONE | PUBLIC | PURCHASE OF LOT | Person or <input type="checkbox"/> Business <input type="checkbox"/> 20,000. |
| BONAPARTE BAPTIST CHURCH 509 WASHINGTON ST BONAPARTE IA 52620 | NONE | PUBLIC | STAIN GLASS WINDOW RESTORATION | Person or <input type="checkbox"/> Business <input type="checkbox"/> 5,000. |
| CHRIST UMC CHURCH 14491 HWY 98 DOUDS IA 52551 | NONE | PUBLIC | PHASE 1 ELECTRICAL UPGRDES | Person or <input type="checkbox"/> Business <input type="checkbox"/> 3,500. |
| VAN BUREN COMMUNITY SCHOOLS 503 HENRY ST KEOSAUQUA, IA 52565 | NONE | PUBLIC | RECREATION AREA USE | Person or <input type="checkbox"/> Business <input type="checkbox"/> 2,000. |
| CITY OF KEOSAUQUA CITY HALL 801 1ST ST KEOSAUQUA IA 52565 | NONE | PUBLIC | PUBLIC POOL REPAIRS | Person or <input type="checkbox"/> Business <input type="checkbox"/> 7,000. |
| VAN BUREN CO EXTENSION 200 DODGE ST KEOSAUQUA, IA 52565 | NONE | PUBLIC | MILLER AWARD | Person or <input type="checkbox"/> Business <input type="checkbox"/> 21. |
| SCOTT MAST 504 W NORTH ST CANTRIL IA 52542 | NONE | N/A | A J SECOR AWARD | Person or <input checked="" type="checkbox"/> Business <input type="checkbox"/> 55. |
| KEOSAUQUA PUBLIC LIBRARY 608 1ST ST KEOSAUQUA, IA 52565 | NONE | PUBLIC | LAURA DAUGHRITY MEMORIAL-ANNUAL | Person or <input type="checkbox"/> Business <input type="checkbox"/> 192. |

Form 990-PF, Page 11, Part XV, line 3a

Continued

Line 3a statement

| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Founda- tion status of recipient | Purpose of grant or contribution | Person or Business Checkbox Amount |
|---|--|--|-------------------------------------|--|
| a Paid during the year | | | | |
| KEOSAUQUA FIRE DEPARTMENT 104 CASS ST KEOSAUQUA, IA 52565 | NONE | PUBLIC | LAURA DAUGHRITY MEMORIAL -ANNUAL | Person or <input type="checkbox"/> Business <input type="checkbox"/> 193. |
| KEOSAUQUA HISTORICAL SOCIETY LOCAL KEOSAUQUA, IA 52565 | NONE | PUBLIC | LAURA DAUGHRITY MEMORIAL -ANNUAL | Person or <input type="checkbox"/> Business <input type="checkbox"/> 193. |
| PURDOM CEMETARY LOCAL KEOSAUQUA IA 52565 | NONE | PUBLIC | LAURA DAUGHRITY MEMORIAL-ANNUAL | Person or <input type="checkbox"/> Business <input type="checkbox"/> 1,539. |
| FELLOWS CEMETARY LOCAL KEOSAUQUA IA 52565 | NONE | PUBLIC | LAURA DAUGHRITY MEMORIAL-ANNUAL | Person or <input type="checkbox"/> Business <input type="checkbox"/> 1,539. |
| CONGREGATIONAL UNITED CHURCH OF CHRIST 401 VAN BUREN ST KEOSAUQUA, IA 52565 | NONE | PUBLIC | LAURA DAUGHRITY MEMORIAL-ANNUAL | Person or <input type="checkbox"/> Business <input type="checkbox"/> 3,079. |
| VAN BUREN COUNTY HOSPITAL 304 FRANKLIN ST KEOSAUQUA, IA 52565 | NONE | PUBLIC | LAURA DAUGHRITY MEMORIAL-ANNUAL | Person or <input type="checkbox"/> Business <input type="checkbox"/> 1,796. |
| VAN BUREN GOOD SAMARITAN HOME 819 COUNTRY LANE RD KEOSAUQUA, IA 52565 | NONE | PUBLIC | LAURA DAUGHRITY MEMORIAL-ANNUAL | Person or <input type="checkbox"/> Business <input type="checkbox"/> 1,796. |
| VAN BUREN PUBLIC HEALTH 905 BROAD ST KEOSAUQUA, IA 52565 | NONE | PUBLIC | LAURA DAUGHRITY MEMORIAL -ANNUAL | Person or <input type="checkbox"/> Business <input type="checkbox"/> 1,796. |
| CHRISTINA HARTMAN 10820 NOVA AVE BIRMINGHAM IA 52535 | NONE | N/A | EDUCATIONAL GRANT | Person or <input checked="" type="checkbox"/> Business <input type="checkbox"/> 1,000. |
| KYLIE HARLAN 1562 BROAD ST KEOSAUQUA IA 52565 | NONE | N/A | EDUCATIONAL GRANT | Person or <input checked="" type="checkbox"/> Business <input type="checkbox"/> 2,500. |
| KALI JOHNSON 407 FIRST ST KEOSAUQUA IA 52565 | NONE | N/A | EDUCATIONAL GRANT | Person or <input checked="" type="checkbox"/> Business <input type="checkbox"/> 3,000. |
| MILES GASTON 25768 OSAGE AVE KEOSAUQUA IA 52565 | NONE | N/A | EDUCATIONAL GRANT | Person or <input checked="" type="checkbox"/> Business <input type="checkbox"/> 1,000. |
| LAUREN BROWN 15522 PEACH AVE STOCKPORT IA 52651 | NONE | N/A | EDUCATIONAL GRANTS | Person or <input checked="" type="checkbox"/> Business <input type="checkbox"/> 3,500. |
| STEPHANIE THOMAS 602 SOUTH 5TH ST FARMINGTON IA 52626 | NONE | N/A | EDUCATIONAL GRANT | Person or <input checked="" type="checkbox"/> Business <input type="checkbox"/> 525. |
| LOUIS STEVENS 134 E. COMMERCIAL HILLSBORO IA 52630 | NONE | N/A | EDUCATIONAL GRANT | Person or <input checked="" type="checkbox"/> Business <input type="checkbox"/> 500. |

Form 990-PF, Page 11, Part XV, line 3a

Continued

Line 3a statement

| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Founda- tion status of recipient | Purpose of grant or contribution | Person or Business Checkbox Amount |
|---|--|--|---|---|
| a Paid during the year | | | | |
| HANNAH CARTER 27260 135TH ST STOCKPORT IA 52651 | NONE | N/A | EDUCATIONAL GRANT | Person or <input checked="" type="checkbox"/> Business <input type="checkbox"/> 1,000. |
| DAKOTA ZEITLER 12640 185TH RD DOUDS IA 52551 | NONE | N/A | EDUCATIONAL GRANT | Person or <input checked="" type="checkbox"/> Business <input type="checkbox"/> 1,000. |
| ABBEY GOLDEN 13967 PEDRICK ST DOUDS IA 52551 | NONE | N/A | EDUCATIONAL GRANT | Person or <input checked="" type="checkbox"/> Business <input type="checkbox"/> 3,000. |
| KELBY MCCLARAN P. O. BOX 232 KEOSAUQUA IA 52565 | NONE | N/A | EDUCATIONAL GRANT | Person or <input checked="" type="checkbox"/> Business <input type="checkbox"/> 1,000. |
| PHILLIP KLINE 22576 NOVA AVE KEOSAUQUA IA 52565 | NONE | N/A | EDUCATIONAL GRANT | Person or <input checked="" type="checkbox"/> Business <input type="checkbox"/> 2,500. |
| BEN MOEWS 19090 HWY 1 KEOSAUQUA IA 52565 | NONE | N/A | EDUCATIONAL GRANT | Person or <input checked="" type="checkbox"/> Business <input type="checkbox"/> 500. |
| KEOSAUQUA SENIOR CITIZENS CENTER 801 FRONT ST KEOSAUQUA, IA 52565 | NONE | PUBLIC | LAURA DAUGHERITY MEMORIAL | Person or <input type="checkbox"/> Business <input type="checkbox"/> 192. |
| AMERICAN RED CROSS 408 EAST MAIN OTTUMWA IA 52501 | NONE | PUBLIC | SWIMMING LESSONS | Person or <input type="checkbox"/> Business <input type="checkbox"/> 2,000. |
| BRENDA HALLS 19594 RT V64 DOUDS IA 52551 | NONE | N/A | MED. EDUCATION LOAN PROGRAM DEBT FORGIVENESS | Person or <input checked="" type="checkbox"/> Business <input type="checkbox"/> 5,727. |
| BRYCE PHILLIPS 24344 OSAGE AVE KEOSAUQUA IA 52565 | NONE | N/A | EDUCATIONAL GRANT | Person or <input checked="" type="checkbox"/> Business <input type="checkbox"/> 500. |
| DAVID LOEHR 600 VAN BUREN ST KEOSAUQUA IA 52565 | NONE | N/A | MERIBAH REUBEL EDUCATIONAL AWARD | Person or <input checked="" type="checkbox"/> Business <input type="checkbox"/> 400. |
| SUMMER CARR 15522 PEACH AVE STOCKPORT IA 52651 | NONE | N/A | MEDICAL EDUCATION LOAN PROGRAM DEBT FORGIVENESS | Person or <input checked="" type="checkbox"/> Business <input type="checkbox"/> 2,442. |
| DENISE DEVOLT 22167 HWY 2 KEOSAUQUA IA 52565 | NONE | N/A | MEDICAL EDUCATION LOAN PROGRAM DEBT FORGIVENESS | Person or <input checked="" type="checkbox"/> Business <input type="checkbox"/> 3,367. |
| PITTSBURG CEMETARY LOCAL KEOSAUQUA IA 52565 | NONE | PUBLIC | CEMETARY MAINTENANCE | Person or <input type="checkbox"/> Business <input type="checkbox"/> 205. |
| CITY OF CANTRIL CITY HALL 104 W 3RD ST CANTRIL IA 52542 | NONE | PUBLIC | CITY BALLPARK LIGHTING | Person or <input type="checkbox"/> Business <input type="checkbox"/> 12,500. |

Form 990-PF, Page 11, Part XV, line 3a

Continued

Line 3a statement

| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Founda- tion status of re- cipient | Purpose of grant or contribution | Person or Business Checkbox Amount |
|---|--|--|--|---|
| a Paid during the year | | | | |
| <u>VAN BUREN CO EXTENSION SERVICE</u> <u>200 DODGE ST</u> <u>KEOSAUQUA IA 52565</u> | <u>NONE</u> | <u>PUBLIC</u> | <u>CHICAGO TRIP</u> | Person or <input type="checkbox"/> Business <input type="checkbox"/> 510. |
| <u>VAN BUREN CO EXTENSION SERVICE</u> <u>200 DODGE ST</u> <u>KEOSAUQUA IA 52565</u> | <u>NONE</u> | <u>PUBLIC</u> | <u>COUNTY FAIR</u> <u>PREMIUMS</u> | Person or <input type="checkbox"/> Business <input type="checkbox"/> 900. |
| <u>CITY OF BIRMINGHAM</u> <u>511 E. CEDAR ST</u> <u>BIRMINGHAM IA 52535</u> | <u>NONE</u> | <u>PUBLIC</u> | <u>PARK PLAYGROUND</u> <u>IMPROVEMENTS</u> | Person or <input type="checkbox"/> Business <input type="checkbox"/> 2,000. |
| <u>MILTON HERITAGE SOCIETY</u> <u>210 N. IOWA ST</u> <u>MILTON IA 52570</u> | <u>NONE</u> | <u>PUBLIC</u> | <u>HERITAGE HOUSE</u> <u>WINDOW AND OTHER</u> <u>REPAIRS</u> | Person or <input type="checkbox"/> Business <input type="checkbox"/> 3,500. |
| <u>BONAPARTE MAIN STREET</u> <u>P O BOX 51</u> <u>BONAPARTE IA 52620</u> | <u>NONE</u> | <u>PUBLIC</u> | <u>VILLAGE FOLK</u> <u>SCHOOL</u> <u>ADA CABIN PROJECT</u> | Person or <input type="checkbox"/> Business <input type="checkbox"/> 5,000. |

Total

141,123.

Form 990-PF, Page 10, Part XV, line 3b

Line 3b statement

| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Founda- tion status of re- cipient | Purpose of grant or contribution | Person or Business Checkbox Amount |
|--|--|--|---|---|
| b Approved for future payment | | | | |
| <u>VAN BUREN COUNTY HOSPITAL</u> <u>304 FRANKLIN ST</u> <u>KEOSAUQUA, IA 52565</u> | <u>NONE</u> | <u>PUBLIC</u> | <u>MATCHING FUNDS</u> <u>FOR CHILD CARE</u> <u>CENTER</u> | Person or <input type="checkbox"/> Business <input type="checkbox"/> 100,000. |
| <u>VAN BUREN TRAILS</u> <u>P.O. BOX 327</u> <u>KEOSAUQUA IA 52565</u> | <u>NONE</u> | <u>PUBLIC</u> | <u>KEOSAUQUA</u> <u>TRAILS PLAZA</u> | Person or <input type="checkbox"/> Business <input type="checkbox"/> 20,000. |
| <u>CITY OF KEOSAUQUA</u> <u>CITY HALL 804 1ST ST</u> <u>KEOSAUQUA IA 52565</u> | <u>NONE</u> | <u>PUBLIC</u> | <u>VILLAGES OF VAN BUREN</u> <u>BUDGET</u> | Person or <input type="checkbox"/> Business <input type="checkbox"/> 32,000. |
| <u>BONAPARTE MAIN STREET</u> <u>CITY OF BONAPARTE</u> <u>BONAPARTE IA 52620</u> | <u>NONE</u> | <u>PUBLIC</u> | <u>GREAT PLACES</u> <u>BUILDING</u> <u>RENOVATION</u> | Person or <input type="checkbox"/> Business <input type="checkbox"/> 15,000. |

Form 990-PF, Page 10, Part XV, line 3b

Continued

Line 3b statement

| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foun- dation status of re- cipient | Purpose of grant or contribution | Person or Business Checkbox Amount |
|--|--|--|--|--|
| b Approved for future payment | | | | |
| MILTON HERITAGE SOC 301 N.MAIN STREET MILTON IA 52570 | NONE | PUBLIC | STAINED GLASS WINDOW REPAIRS AT HERITAGE HOUSE | Person or <input type="checkbox"/> Business <input type="checkbox"/> 2,000. |
| CITY OF KEOSAUQUA CITY HALL 804 1ST ST KEOSAUQUA IA 52565 | NONE | PUBLIC | REPAIRS TO PUBLIC POOL | Person or <input type="checkbox"/> Business <input type="checkbox"/> 14,000. |
| CITY OF BONAPARTE CITY HALL BONAPARTE IA 52620 | NONE | PUBLIC | CITY BAND SHELL REPAIRS | Person or <input type="checkbox"/> Business <input type="checkbox"/> 10,000. |
| VAN BUREN CO EXTENSION SERVICE 200 DODGE ST KEOSAUQUA IA 52565 | NONE | PUBLIC | TRIP | Person or <input type="checkbox"/> Business <input type="checkbox"/> 600. |
| CITY OF BIRMINGHAM 511 EAST CEDAR ST BIRMINGHAM IA 52626 | NONE | PUBLIC | MESSAGE CENTER EQUIPMENT | Person or <input type="checkbox"/> Business <input type="checkbox"/> 1,260. |
| VAN BUREN COUNTY CONSERVATION BOARD 816 FRANKLIN ST KEOSAUQUA IA 52565 | NONE | PUBLIC | IRA CORN HOUSE RESTORATION | Person or <input type="checkbox"/> Business <input type="checkbox"/> 5,000. |
| KEOSAUQUA CHAMBER OF COMMERCE P O BOX 130 KEOSAUQUA IA 52565 | NONE | PUBLIC | BROCHURES | Person or <input type="checkbox"/> Business <input type="checkbox"/> 3,950. |
| BONAPARTE PUBLIC LIBRARY P O BOX 186 BONAPARTE IA 52620 | NONE | PUBLIC | LAND PURCHASE/DESIGN FEE | Person or <input type="checkbox"/> Business <input type="checkbox"/> 5,000. |
| BONAPARTE MAIN STREET CITY OF BONAPARTE BONAPARTE IA 52620 | NONE | PUBLIC | FOOD PANTRY FREEZER | Person or <input type="checkbox"/> Business <input type="checkbox"/> 1,000. |
| FRIENDLY 4 CORNERS ORGANIZATION 18060 LARK AVE KEOSAUQUA IA 52565 | NONE | PUBLIC | AUSTIN PARK SHELTER | Person or <input type="checkbox"/> Business <input type="checkbox"/> 1,500. |
| VILLAGES OF VAN BUREN P O BOX 9 KEOSAUQUA IA 52565 | NONE | PUBLIC | UPDATED WEBSITE | Person or <input type="checkbox"/> Business <input type="checkbox"/> 1,545. |
| HARMONY COMMUNITY SCHOOLS 33727 RT J40 FARMINGTON IA 52626 | NONE | PUBLIC | HS/ELEMENTARY LIVING SKILLS | Person or <input type="checkbox"/> Business <input type="checkbox"/> 1,000. |
| VAN BUREN CO CONSERVATION BOARD 816 FRANKLIN ST KEOSAUQUA IA 52565 | NONE | PUBLIC | GREEK STORE REPAIRS | Person or <input type="checkbox"/> Business <input type="checkbox"/> 605. |

Total

214,460.

Form 990-PF, Page 1, Part I

Line 16b - Accounting Fees

| Name of Provider | Type of Service Provided | Amount Paid Per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|----------------------|--------------------------|-----------------------|-----------------------|---------------------|---------------------------------------|
| Graf & Company, CPAS | ACCOUNTING SERVICES | 6,850. | 3,425. | 3,425. | 3,425. |
| Total | | <u>6,850.</u> | <u>3,425.</u> | <u>3,425.</u> | <u>3,425.</u> |

Form 990-PF, Page 2, Part II, Line 10b

L-10b Stmt

| Line 10b - Investments - Corporate Stock: | End of Year | |
|---|-------------------|-------------------|
| | Book Value | Fair Market Value |
| COCA COLA COMPANY | 3,450. | 131,540. |
| EXXON MOBIL CORP | 29,447. | 104,196. |
| US BANCORP | 31,646. | 81,045. |
| GENERAL ELECTRIC COMPANY | 9,228. | 164,610. |
| WELLS FARGO & CO | 54,495. | 76,235. |
| PFIZER, INC | 41,405. | 41,394. |
| VANGUARD WELLESLEY INCOME FUND | 750,541. | 822,142. |
| VANGUARD STAR FUND | 390,031. | 398,561. |
| SMALLCAP WORLD FUND CL A | 85,574. | 103,733. |
| NEW WORLD FUND CL A | 94,790. | 149,184. |
| CAPITAL INCOME BUILDER FUND | 304,095. | 279,018. |
| BOND FUND OF AMERICA | 413,167. | 377,737. |
| AMERICAN MUTUAL FUND CL A | 310,658. | 314,501. |
| GOLDMAN SACHS MID CAP VALUE A | 357,670. | 356,037. |
| GOLDMAN SACHS GROWTH & INCOME A | 491,958. | 384,029. |
| CAPITAL WORLD BOND FUND | 180,694. | 188,476. |
| AMCAP FUND CL A | 248,081. | 256,226. |
| GOLDMAN SACHS EQU GRWTH STRAT FD | 170,041. | 129,922. |
| GOLDMAN SACHS GRWTH STRAT A | 336,839. | 250,460. |
| AMERICAN BALANCED FUND | 4,790. | 4,415. |
| CAPITAL WORLD GROWTH & INCOME | 272,137. | 213,901. |
| GOLDMAN SACHS CORE FIXED INCOME FUND | 192,771. | 188,563. |
| Total | <u>4,773,508.</u> | <u>5,015,925.</u> |

Form 990-PF, Page 2, Part II, Line 10c

L- 10c Stmt

| Line 10c - Investments - Corporate Bonds: | End of Year | |
|---|-----------------|-------------------|
| | Book Value | Fair Market Value |
| CHESAPEAKE & POTOMAC TEL DEBENTURE | 100,000. | 105,390. |
| GMAC SMART NOTES | 100,000. | 91,600. |
| Total | <u>200,000.</u> | <u>196,990.</u> |

Form 990-PF, Page 2, Part II, Line 14

L-14 Stmt

| Line 14b - Description of Land, Buildings, and Equipment | (a) Cost/Other Basis | (b) Accumulated Depreciation | (c) Book Value |
|---|----------------------------|------------------------------------|-------------------|
| LAND | 1,000. | 0. | 1,000. |
| BUILDING & IMPROVEMENTS | 1,153,779. | 524,156. | 629,623. |
| FURNITURE, FIXTURES & EQUIPMENT | 74,002. | 61,637. | 12,365. |
| Total | <u>1,228,781.</u> | <u>585,793.</u> | <u>642,988.</u> |

Form 990-PF, Page 2, Part II, Line 15

Other Assets Stmt

| Line 15 - Other Assets: | Beginning Year Book Value | End of Year | |
|-------------------------|---------------------------------|---------------|----------------------|
| | | Book Value | Fair Market Value |
| DIVIDEND RECEIVABLE | 437. | 636. | 636. |
| Total | <u>437.</u> | <u>636.</u> | <u>636.</u> |

THE VAN BUREN FOUNDATION, INC
42-6062589
2010

FORM 990-PF

Part 1, Line 19, and Part II, Line 14, Depreciation and Accumulated Depreciation

| <u>Description</u> | <u>Cost</u> | <u>Life or Rate</u> | <u>Current Depreciation</u> | <u>Accumulated Depreciation 12/31/2010</u> |
|--------------------------------|---------------------|---------------------|---------------------------------|--|
| Land | \$ 1,000 | N/A | \$ - | \$ - |
| Building and Improvements | 1,153,779 | 3-39 yr SL | 40,932 | 524,156 |
| Furniture, Fixtures and Equip. | <u>74,002</u> | 5-15 yr SL | <u>3,132</u> | <u>61,637</u> |
| | <u>\$ 1,228,781</u> | | <u>\$ 44,064</u> | <u>\$ 585,793</u> |

THE VAN BUREN FOUNDATION, INC

42-6062589

2010

FORM 990-PF

Part II, Line 7, Other notes and loans receivable

| <u>Description</u> | Beginning of year | | End of year | |
|-------------------------|----------------------|----------------------|-----------------------------|---------|
| | <u>a) Book Value</u> | <u>b) Book Value</u> | <u>c) Fair Market Value</u> | |
| Medical education loans | \$ 95,530 | \$ 103,237 | \$ | 103,237 |

THE VAN BUREN FOUNDATION, INC.
42-6062589
2010

FORM 990-PF

Part VII-B, Line 5c, Statement Required by Regulations section 53.4945-5(d)

- | | |
|--|--|
| 1) Name and address Of Grantee | Milton American Legion 320 N. Main St. Milton, IA 52570 |
| 2) Date and amount of grant. | 5-11-2010 \$2,225 |
| 3) Purpose of grant. | To help replace the roof of the Milton Legion building also used as a community center |
| 4) Amount expended. | \$2,225 |
| 5) Does the grantor organization have any knowledge of any of the funds being diverted from its intended purpose by the grantee organization? | No |
| 6) Dates of any reports received from the grantee. | 7-7-2010 |
| 7) The date and results of any verification of the grantees reports undertaken to the extent required. | N/A |

THE VAN BUREN FOUNDATION, INC.
42-6062589
2010

FORM 990-PF

Part IX-A, Supporting Data

1. Information Concerning the Foundation's Direct Charitable Activities:

The Roberts Memorial Building is maintained by the Van Buren Foundation for the use during the county fair and as a community building for use by area organizations for meetings, seminars, local theatre productions, etc. It is estimated that over 40 area organizations benefited from the operation of the building in 2010.

Summary of Expenses

| | |
|-------------------------|------------------|
| Depreciation | \$ 44,064 |
| Repairs and maintenance | 11,505 |
| Insurance | 3,418 |
| Utilities and telephone | 12,139 |
| Janitorial | 9,491 |
| Supplies | 3,986 |
| Miscellaneous expense | 641 |
| | <u>\$ 85,244</u> |

**THE VAN BUREN FOUNDATION, INC.
42-6062589
2010**

FORM 990-PF

Part XV, Line 2, Information Regarding Grant and Loan Program

General Grants:

Requests for grants are to be sent to Jon Finney, The Van Buren Foundation, Inc., P.O. Box 475 , Keosauqua, Iowa 52565. Telephone (319) 293-3129 during regular business hours. Applicants should submit requests in written form detailing the purpose of the grant, cost of improvements to be made, and the time frame in which the funds will be used. The applicant must be eligible to receive tax exempt funds. No funds shall be awarded to any individual or organization wherein pecuniary profits may be obtained. The foundation grant must not be the sole or complete funds vested in any project. It is necessary that matching funds or some other resource such as material or labor be acquired by the person, persons, or organization requesting the grant.

The Board of Directors of The Van Buren Foundation meets at least twice each year to review grant applications. These written requests are then acted upon at a scheduled meeting pursuant to notice.

In awarding these grants, the Foundation gives preference to requests from organizations, which benefit Van Buren County, Iowa.

THE VAN BUREN FOUNDATION, INC.
42-6062589
2010

FORM 990-PF

Part XV, Line 2, Information Regarding Grant and Loan Program

Educational Grants:

The scholarship committee mails applications for scholarships to all graduating seniors attending Van Buren Community High School and Harmony High School.

Any other requests for applications for educational grants or loans can be sent to George Manning, The Van Buren Foundation, Inc., Community First Bank, Keosauqua, Iowa 52565. Telephone (319) 293-3794 during regular business hours.

Educational loans are made by a grant committee to medical and healthcare students from Van Buren County.

The educational grants are memorials or awards given to students meeting certain requirements and are chosen by a scholarship committee made up of members of the Foundation and staff members of the Van Buren Community School and Harmony School.

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- 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 Charities & Nonprofits*

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only
All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns

| | | |
|---|--|--------------------------------|
| Type or print <small>File by the due date for filing your return. See instructions.</small> | Name of exempt organization | Employer identification number |
| | The Van Buren Foundation, Inc. | 42-6062589 |
| | Number, street, and room or suite number. If a P O box, see instructions | |
| | C/O Community First Bank, City, town or post office, state, and ZIP code. For a foreign address, see instructions | IA 52565 |

Enter the Return code for the return that this application is for (file a separate application for each return) 04

| Application Is For | Return Code | Application Is For | Return Code |
|---|-------------|--------------------------|-------------|
| Form 990 | 01 | Form 990-T (corporation) | 07 |
| Form 990-BL | 02 | Form 1041-A | 08 |
| Form 990-EZ | 03 | Form 4720 | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (section 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |

- The books are in the care of ▶ GEORGE MANNING -----

Telephone No ▶ (319) 293-3794 ----- 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.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until Aug 15, 20 11, to file the exempt organization return for the organization named above.
 The extension is for the organization's return for:

- ▶ calendar year 20 10 or
- ▶ tax year beginning _____, 20 _____, and ending _____, 20 _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

| | | | |
|--|-----------|----|--------|
| 3a 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. | 3a | \$ | 4,500. |
| 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. | 3b | \$ | 6,494. |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c | \$ | 0. |

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.