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## Form **990-PF** Department of the Treasury Internal Revenue Service

# Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0052

For cale	ndar year 2011 or tax year beginning		, and ending		
Name o	of foundation			A Employer identification	number
	LIN & VERNA MANATT FAMI			20-8112164	<u> </u>
	and street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number	000
	5 OLD 6 ROAD			641-522-92	
	town, state, and ZIP code			C If exemption application is p	pending, check here
	OKLYN, IA 52211			<b>_</b> .	
G Chec	k all that apply:		ormer public charity	D 1. Foreign organization	s, check here . P
	Final return	Amended return		Foreign organizations me	eeting the 85% test.
	Address change	Name change		Foreign organizations managed 2. check here and attach or	omputation .
	k type of organization: X Section 501(c)(3) ex			E If private foundation sta	
		Other taxable private founda		under section 507(b)(1	)(A), check here
	arket value of all assets at end of year   J Account	=	Accrual	F If the foundation is in a	
		ther (specify)		under section 507(b)(1	)(B), check here .
<b>▶</b> \$	569,499. (Part I, colu	mn (d) must be on cash	basis.)		
Rarti	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1	Contributions, gifts, grants, etc., received	101,500.	<b>校结学长学等种企</b> 能	N/A	<b>建筑设施</b>
2	Check fithe foundation is not required to attach Sch. B	STATE OF THE PARTY			
3	Interest on savings and temporary cash investments	715.	715.		STATEMENT 1
4	Dividends and interest from securities	18,904.	18,904.		STATEMENTA2
58	Gross rents			,	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAM
1	Net rental income or (loss)	多级的 使神经	WASHINGTON TO THE PARTY OF THE	THE RESIDENCE AND ADDRESS OF THE PERSON NAMED AND ADDRESS OF T	<b>一种种种种种种种种种种种种种种种种种种种种种种种种种种种种种种种种种种种种</b>
a 6a	Net gain or (loss) from sale of assets not on line 10	10,964.	10年4年4月1日		MARKET STATES
Ž l	Gross sales price for all assets on line 6a 303,679.	Arramana arraman	<b>克迪斯斯科斯斯斯</b>		<b>建学学学</b>
Revenue 7	Capital gain net income (from Part IV, line 2)	空河湖 医水道 医水道	10,964.		
8 2	Net short-term capital gain	<b>《安海洋丰政治版》</b>	With the same of t		
9	Income modifications	71-25 Table 1	<b>建</b> 工程		<b>建设</b> 的现在分词
10a	Gross sales less returns and allowances	4年 赤形石田 東東	THE PERSON		<b>国籍</b>
t	Less Cost of goods sold	产于15.1.40KK(2000)	<b>建筑和地域的</b>		
(	Gross profit or (loss)		<b>维护斯斯特别的</b>		
11	Other income				<b>美国的</b>
12	Total. Add lines 1 through 11	132,083.	30,583.		PARTY OF THE PARTY OF
13	Compensation of officers, directors, trustees, etc.	0.	0.	<u> </u>	0.
14	Other employee Salaries and Wants				
ر 15 م	Pens on plans, employee benefits				<u> </u>
Se 16a	المسافحة المسا		<u>-</u>		<del> </del>
ğ t	Accorporates (Q)				<u> </u>
_ <u>m</u>   a	Other professional fees				<del> </del>
	Interest OGDEN UT				
E 18	Taxes STMT 3	592.	0.		0.
: <u>S</u> 19	Depreciation and depletion				<del>  ` · · · · · · · ·  </del>
등 20	Occupancy				
≰ 21	Travel, conferences, and meetings				
E 22	Printing and publications		<u> </u>		<del> </del>
<u></u>	Other expenses STMT 4	1,220.	0.		0.
Operating and Administrative Expens. 12 12 25 25 25 25 25 25 25 25 25 25 25 25 25	Total operating and administrative		_		
ğ	expenses. Add lines 13 through 23	1,812.	0.		0.
25	Contributions, gifts, grants paid	42,000.		-	42,000.
26	Total expenses and disbursements.		_		10.000
	Add lines 24 and 25	43,812.	0.		42,000.
27	Subtract line 26 from line 12:				1
- 1	Excess of revenue over expenses and disbursements	88,271.		-	ļ ·
	Net investment income (if negative, enter -0-)		30,583.		ļ
	Adjusted net income (if negative, enter -0-)		l	N/A	<u> </u>

123501 12-02-11 LHA For Paperwork Reduction Act Notice, see instructions.

Foi	rm <u>9</u> 9	00-PF (2011) MERLIN & VERNA MANATT F.	AMILY FOUNDAT	ION 20-	8112164 Page 2
P	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End o	
<u> </u>	art	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	113.	431.	431.
	2	Savings and temporary cash investments	65,822.	31,832.	31,832.
	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			
	7	Other notes and loans receivable			- 1.5
		Less; allowance for doubtful accounts			
s	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges		600.	600.
ď	10a	Investments - U.S. and state government obligations			
	Ь	Investments - corporate stock			
	C	Investments - corporate bonds			
	1	Investments - land, buildings, and equipment basis	. र्यात्र सम्पर्धिः स्टब्स्ट्रिया	. i - Argantinak wak	\$785 × 10 1 1 1 -
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other STMT 5	411,193.	532,536.	536,636.
		Land, buildings, and equipment; basis		21年2日の日本の日本	866年
	1	Less accumulated depreciation			
	15	Other assets (describe			
	16	Total assets (to be completed by all filers)	477,128.	565,399.	569,499.
	17	Accounts payable and accrued expenses		, , , , , , , , , , , , , , , , , , , ,	Y.g' : 1
	18	Grants payable			1.78
S	19	Deferred revenue			Marie Control of the
abilities	l	Loans from officers, directors, trustees, and other disqualified persons			Served Strain
졅	21	Mortgages and other notes payable			CONTROL OF THE PARTY OF THE PAR
Ë	1	Other liabilities (describe			
					THE STATE OF
	23	Total liabilities (add lines 17 through 22)	0.	0.	Resident of
_		Foundations that follow SFAS 117, check here			が 発 からから かんしょう
		and complete lines 24 through 26 and lines 30 and 31.			
es	24	Unrestricted			
Net Assets or Fund Balances	25	Temporarily restricted	·_··		, <sub>i.</sub> .
Ba	26	Permanently restricted		· · · · · · · · · · · · · · · · · · ·	
힏		Foundations that do not follow SFAS 117, check here			( - ( ) L
Ξ.		and complete lines 27 through 31.			
ğ	27	Capital stock, trust principal, or current funds	0.	0.	· .
ě	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Ass	29	Retained earnings, accumulated income, endowment, or other funds	477,128.	565,399.	
ĕ	j .	Total net assets or fund balances	477,128.	565,399.	1
_	-				
	31	Total liabilities and net assets/fund balances	477,128.	565,399.	
=	=				<u> </u>
P	<u>art</u>	Analysis of Changes in Net Assets or Fund B	alances		
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line	30		
•		st agree with end-of-year figure reported on prior year's return)		1	477,128.
2		ramount from Part I, line 27a		2	88,271.
		r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3	<del>-</del>	4	565,399.
		eases not included in line 2 (itemize)		5	0.
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	565,399.
_	. 0 (0)	The second of the second of the first and a finite and of the first			Form <b>990-PF</b> (2011)

		VERNA MANA			DA'	<u> TION</u>	1	2	<u>0-811</u>	2164	Page 3
<del></del>		ses for Tax on In		Income	/h) h	low acq	uured	/ \ D ·			
		(s) of property sold (e.g. common stock, 200 shs			` P	- Purch - Donat	ase	(c) Date a (mo., da		( <b>d)</b> Dat (mo., da	
<u>1a</u>	·										
b SEE ATTACHED	STATI	EMENTS									
<u>C</u>											
<u>d</u>				<del></del>	-						
(e) Gross sales price		preciation allowed or allowable)		t or other basis		<del></del> -		(h) Ga	ain or (loss) (f) minus (	)	
		or anowable)	pius e	therise of sale				(e) pius	(1) Illinus (	9)	
a b											
C	<del></del>				$\dashv$						
d	-										
e 303,679.				292,71	5.					10	,964.
Complete only for assets showing	g gaın in co	lumn (h) and owned by t	the foundation	on 12/31/69					ol. (h) gain		
(i) F.M.V. as of 12/31/69		Adjusted basis s of 12/31/69		cess of col. (1) col. (j), if any			col		ot less that (from col. (		
a											
b											
С											
d	<u> </u>		·								-0.64
<u>e</u>	<del></del>				$\overline{}$					TO	,964.
2 Capital gain net income or (net ca	pital loss)	$\begin{cases} \text{ If gain, also enter} \\ \text{If (loss), enter -0} \end{cases}$	in Part I, line i - in Part I, line	7 7	}	2	<u> </u>			10	<u>,964.</u>
3 Net short-term capital gain or (los	s) as define	d in sections 1222(5) an	d (6):								
If gain, also enter in Part I, line 8,	column (c).								37 / 3		
Part.V.: Qualification U	nder Se	ction 4940(e) for	Reduced	Tax on Net	Inv	estm	ent Inc	ome	N/A		
(For optional use by domestic private							<u> </u>	-			
to or optional use by domestic private	iounuation	a subject to the accion -	1340(a) tax on	net myestinent m	COM	·· <i>)</i>					
If section 4940(d)(2) applies, leave th	ns part blan	k.									
Was the foundation liable for the sect	tion 4942 ta	x on the distributable am	ount of any ye	ar in the base per	rod?					Yes	X No
f "Yes," the foundation does not qual											
1 Enter the appropriate amount in a	each column	for each year; see instri	uctions before	making any entri	es.					735	
(a) Base period years		(b) Adjusted qualifying dis	tributions	Net value of no	(c)		ina anaata	İ	Distrit	(d) oution ratio	
Calendar year (or tax year beginning	ng in)			ivet value of flo					(col. (b) div	ided by col.	
2010			7,000. 5,911.				0,786 5,526				<u>34638</u> 42257
2009 2008			$\frac{3,911}{1,900}$	<del></del>			7,392				44504
2007			5,000.				$\frac{7,392}{4,187}$				25748
2006		<del> </del>	3,000.			<u> </u>	<u> </u>	1			23,10
2 Total of line 1, column (d)								2		.1	47147
3 Average distribution ratio for the 5	5-year base	period - divide the total (	on line 2 by 5,	or by the number	of ye	ars					
the foundation has been in exister	nce if less th	an 5 years						3		.0	<u> 36787</u>
Finter the net value of noncharitab	ie-use assei	ts for 2011 from Part X,	line 5					4		526	,222.
		,								-	
Multiply line 4 by line 3	-							5		19	,358.
6 Enter 1% of net investment incom	ne (1% of Pa	art I, line 27b)		•				6	 		306.
7 Add lines 5 and 6								7		19	,664.
B Enter qualifying distributions from	n Part XII, lir	ne 4						8		42	,000.
If line 8 is equal to or greater than			1b, and comp	lete that part usin	g a 1	% tax ra	ate.				
See the Part VI instructions.		<u></u>									

	990-PF (2011) MERLIN & VERNA MANATT FAMILY FOUNDATION  73VI) Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 49		31121 see in			age 4 S)
1a	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	Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%	1			30	06.
	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).					
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			30	<u> </u>
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			30	06.
6	Credits/Payments:	{				
а	2011 estimated tax payments and 2010 overpayment credited to 2011 6a 600.					
b	Exempt foreign organizations - tax withheld at source . 6b	i				
C	Tax paid with application for extension of time to file (Form 8868)  6c	į,				
d	Backup withholding erroneously withheld					
7	Total credits and payments. Add lines 6a through 6d	7			6(	00.
8	Enter any penalty for underpayment of estimated tax. Check here 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				
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			<u> 29</u>	94.
	Enter the amount of line 10 to be: Credited to 2012 estimated tax	11				0.
	Statements Regarding Activities			احتد	V	N
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	ın			Yes	
	any political campaign?		·  -	1a		<u>X</u>
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	d or	i i	ij	i i	
	distributed by the foundation in connection with the activities.					
	Did the foundation file Form 1120-POL for this year?			1c		<u>X</u>
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		1			
	(1) On the foundation. ► \$ O. (2) On foundation managers. ► \$ O.		j j		ij	
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
	managers. \$ 0.					
Z	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.	_	i i			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, o	ſ			[	v
4.	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	••	· · ·  -	3		<u>X</u>
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?  If "Yes," has it filed a tax return on Form 990-T for this year?	N	/,A	4a		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	14,	'^ <b>^</b>	4b 5		X
	If "Yes," attach the statement required by General Instruction T.		į,	احد		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:		i i			
•	By language in the governing instrument, or					
	<ul> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state</li> </ul>	law	ij,			
	remain in the governing instrument?		ľ	6		Х
7	Did the foundation have at least \$5,000 in assets at any time during the year?	•		7	х	
•	If "Yes," complete Part II, col. (c), and Part XV.		i i			
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)		1		}	5-
<b>-</b>	IA			72		13.0
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 General Instruction G? If "No," attach explanation		<b>!</b> "	8b	Х	الاستجميدي
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for cale	ndar	·  7			
-	year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete Part XIV		ľ	9	_A=##	X
10		TMT	6	10	X	

	ı			
	PF (2011) MERLIN & VERNA MANATT FAMILY FOUNDATION 20-8112	164	F	Page 5
	II-A Statements Regarding Activities (continued)	ГТ		
	ny time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of	,,		v
	ion 512(b)(13)? If "Yes," attach schedule (see instructions)	11		<u>X</u>
	the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?	40	ſ	v
	es," attach statement (see instructions)	12	X	<u>X</u>
	the foundation comply with the public inspection requirements for its annual returns and exemption application?	13		
	Isite address ► <u>N/A</u> books are in care of ► PAM BENISHEK  Telephone no. ► 641 - 52	2 0	206	
			406	
	ated at ► 1775 OLD 6 ROAD, BROOKLYN, IA ZIP+4 ► 52	<u> </u>		$\overline{\Box}$
	ion 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here	 N7	/ <b>\</b>	
	enter the amount of tax-exempt interest received or accrued during the year   15		/A Yes	No
	ny time during calendar year 2011, did the foundation have an interest in or a signature or other authority over a bank,	t i	162	
	irities, or other financial account in a foreign country?	16	and Section	X MANAGARA
	the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign			
	ntry ▶ II:B: Statements Regarding Activities for Which Form 4720 May Be Required	Design Cont	(1348X)	<b>张观</b> 道7(*)
	<del> </del>	114 R.C.	Yes	No
	Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	24,700	163	
	ng the year did the foundation (either directly or indirectly):  Engage in the sale or exchange, or leasing of property with a disqualified person?  Yes X No			i cirki
		100	د ام يا	1.5 %
	Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?  Yes X No		317	- 63
				1 4
				. 9
		7	5.0	
	Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?			A 3 4
		g e		146
	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.)  Yes X No	1		
	, , , , , , , , , , , , , , , , , , , ,	鑩		
	y answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	<b>表现</b>	2.5	10000
	ion 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b	5 2783	Sec. 1
	anizations relying on a current notice regarding disaster assistance check here		表現	
	the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected		2572	TO V
	re the first day of the tax year beginning in 2011?	1C	49° paid	X Hádikasi
	es on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
	ned in section 4942(j)(3) or 4942(j)(5)):			
	ne end of tax year 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning ire 2011?  Yes X No	翻		
	·			
	es," list the years >,,,,,,,,,			100
	ation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach		A STATE OF	2
	ement - see instructions.)	2b	SDECT.	in Fi
	e provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	120	1213 16	ا در کد
C II GII			3.53	福兴.
2a Did i	the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	15.7		7 4
	ng the year?	1853 ·		3.
	es," did it have excess business holdings in 2011 as a result of (1) any purchase by the foundation or disqualified persons after	1	1 20.1	
	26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose	13,360,	1 1 1 1 1	1903 111
	oldings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,	1	7, 7 K	ma.
	in 4720, to determine if the foundation had excess business holdings in 2011.)  N/A	3b	35034	iile.t.
	the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	-"		
	not been removed from leggardy before the first day of the tax year beginning in 2011?	4b		X

123551 12-02-11

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Form 990-PF (2011) MERLIN & VERNA MANATT FAMILY FOUNDA  [Part VIII] Information About Officers, Directors, Trustees, Foundation		8112164 Page 7
Part VIII Paid Employees, and Contractors (continued)	wianagers, riiginiy	
3 Five highest-paid independent contractors for professional services. If none, enter "NOI	√E."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A: Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information number of organizations and other beneficiaries served, conferences convened, research papers produced,		Expenses
1 N/A		
2		
3		
4		
Part IX-B Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during the tax year on lines 1	and 2	Amount
1 N/A		
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	<b>•</b>	0.
		<u> </u>

Page 8

ΙŖä	Minimum Investment Return (All domestic foundat	ions must complete this pa	rt. Foreign foui	ndations, see	instructions)
1 1	Fair market value of assets not used (or held for use) directly in carrying out cl	naritable, etc., purposes:			
	Average monthly fair market value of securities			1a	_484,537.
	Average of monthly cash balances	•		1b	49,099.
	Fair market value of all other assets	•		10	600.
d ·	Fotal (add lines 1a, b, and c)			1d	534,236.
	Reduction claimed for blockage or other factors reported on lines 1a and				
	1c (attach detailed explanation)	1e	0.		
	Acquisition indebtedness applicable to line 1 assets			2	0.
	Subtract line 2 from line 1d			3	534,236.
4 (	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater a	mount, see instructions)		4	8,014.
	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here			5	526,222.
	Minimum investment return. Enter 5% of line 5			6	26,311.
	Distributable Amount (see instructions) (Section 4942) foreign organizations check here		g foundations ar	nd certain	
1	Minimum investment return from Part X, line 6			1	26,311.
2a -	Tax on investment income for 2011 from Part VI, line 5	2a	306.		
	ncome tax for 2011. (This does not include the tax from Part VI.)	2b			
	Add lines 2a and 2b			2c	306.
3	Distributable amount before adjustments. Subtract line 2c from line 1			3	26,005.
4	Recoveries of amounts treated as qualifying distributions			4	0.
5	Add lines 3 and 4			5	26,005.
6	Deduction from distributable amount (see instructions)			6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and o	on Part XIII, line 1		7	26,005.
	মিয়া Qualifying Distributions (see instructions)			•	
1 /	Amounts paid (including administrative expenses) to accomplish charitable, et	c., purposes:			
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26		•	1a	42,000.
b l	Program-related investments - total from Part IX-B			1b	0.
2 ,	Amounts paid to acquire assets used (or held for use) directly in carrying out	charitable, etc., purposes		2	
3 ,	Amounts set aside for specific charitable projects that satisfy the:				
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, li	ne 8, and Part XIII, line 4		4	42,000.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on r	net investment		1	
	ncome. Enter 1% of Part I, line 27b			5	306.
	Adjusted qualifying distributions. Subtract line 5 from line 4			6	41,694.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent	years when calculating whethe	the foundation	qualifies for th	e section

Form **990-PF** (2011)

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
1 Distributable amount for 2011 from Part XI,				26 225
line 7				26,005.
2 Undistributed income, if any, as of the end of 2011			10.000	
a Enter amount for 2010 only		· ···· · · ·	12,962.	
b Total for prior years:		0		,
3 Excess distributions carryover, if any, to 2011:		0.	1	90
a From 2006		,	· , £2,	
<b>b</b> From 2007				4
c From 2008				
d From 2009			37 - 389	Str. de
e From 2010			1,1177	
f Total of lines 3a through e	0.		100	12.4 12.0
4 Qualifying distributions for 2011 from			1 1 1 1 a	
Part XII, line 4: ► \$ 42,000.			, , , , , , , , , , , , , , , , , , , ,	
a Applied to 2010, but not more than line 2a			12,962.	1/1/11
b Applied to undistributed income of prior			12/502.	
years (Election required - see instructions)		0.		-
c Treated as distributions out of corpus				7.
4	0.		. ' (	
(Election required - see instructions)			,	26,005.
d Applied to 2011 distributable amount	3,033.			20,005.
e Remaining amount distributed out of corpus	0.			0.
5 Excess distributions carryover applied to 2011 (If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as			1 1 2	
indicated below:	2 022			,
a Corpus. Add lines 3f, 4c, and 4e Subtract line 5	3,033.	· · · · · · · · · · · · · · · · · · ·	1 14160 12	
<b>b</b> Prior years' undistributed income. Subtract		•		47
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		•	٠:	, -
assessed		0.	<u> </u>	<u></u>
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2010. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2011. Subtract	!			
lines 4d and 5 from line 1. This amount must				0.
be distributed in 2012			<u> </u>	0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by	0			
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2006	•			
not applied on line 5 or line 7	0.	<u> </u>		
9 Excess distributions carryover to 2012.	2 022			
Subtract lines 7 and 8 from line 6a	3,033.		<u> </u>	
IO Analysis of line 9:				
a Excess from 2007				
<b>b</b> Excess from 2008				
c Excess from 2009				
d Excess from 2010				
e Excess from 2011 3,033.	<del></del>		<u></u>	Form <b>990-PF</b> (2011)

	& VERNA MAN				12164 Page 10
Part XIV Private Operating F	oundations (see in:	structions and Part VI	I-A, question 9)	N/A	<del></del>
1 a If the foundation has received a ruling of	or determination letter that	it is a private operating			
foundation, and the ruling is effective fo	or 2011, enter the date of t	he ruling	<b>▶ </b>		
b Check box to indicate whether the foun	dation <u>is a private operatir</u>	ng foundation described	ın section	4942(j)(3) or 49	)42(1)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2011	(b) 2010	(c) 2009	(d) 2008	(e) Total
investment return from Part X for					
each year listed					
<b>b</b> 85% of line 2a					
e Qualifying distributions from Part XII,	<del></del>		<u> </u>		
line 4 for each year listed					
d Amounts included in line 2c not			<del></del>		<del></del>
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:					
<ul> <li>a "Assets" alternative test - enter:</li> <li>(1) Value of all assets</li> </ul>					
(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		ļ		j	]
securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public					1
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		L	<u> </u>		
Part XV Supplementary Info			if the foundation	n had \$5,000 or m	ore in assets
at any time during		ructions.)			
1 Information Regarding Foundation	-				
a List any managers of the foundation where year (but only if they have contributed in the contributed in			tributions received by th	ne foundation before the clo	se of any tax
NONE	. , , ,				
b List any managers of the foundation wh	o own 10% or more of th	e stock of a corporation	(or an equally large por	tion of the ownership of a p	artnership or
other entity) of which the foundation ha	s a 10% or greater intere	st.			
NONE				· <del></del>	· · · · · · · · · · · · · · · · · · ·
2 Information Regarding Contribut	ion, Grant, Gift, Loan	, Scholarship, etc., P	rograms:		
Check here 🕨 💹 If the foundation of			•	•	
the foundation makes gifts, grants, etc.	(see instructions) to indiv	riduals or organizations i	under other conditions,	complete items 2a, b, c, and	d d.
a The name, address, and telephone num	ber of the person to who	m applications should be	e addressed:		
SEE STATEMENT 8					
<b>b</b> The form in which applications should l	pe submitted and informa	tion and materials they s	hould include:		
c Any submission deadlines:					
d Any restrictions or limitations on award	s, such as by geographic	al areas, charitable fields	, kınds of ınstitutions, o	r other factors:	

3 Grants and Contributions Paid During the Y	ear or Approved for Future I	Payment		
Recipient	If recipient is an individual,	Foundation	Durnose of grant or	
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
BROOKLYN HISTORICAL MUSEUM	NONE	1		
304 JACKSON STREET			OPERATING	1,000
BROOKLYN, IA 52211	-			1,000
		į.		
CSF OF BGM	NONE			
PO BOX 469			OPERATING	
BROOKLYN, IA 52211				1,000
GRINNELL CHAMBER OF COMMERCE	NONE		OPERATING	
833 4TH AVENUE				
GRINNELL, IA 50112				1,000
CRINDELL NUMBERS DOLLARS BOD GOVERNO	TO TO		COUCL ADOUT DO	
GRINNELL NEWBURG DOLLARS FOR SCHOLARS 1510 PENROSE	NONE		SCHOLARSHIPS	
GRINNELL IA 50112				1.00
GRINNELL REGIONAL MEDICAL CENTER	NONE		OPERATING	
210 4TH AVENUE				
GRINNELL IA 50112  Total SEE COI	TINUATION SHEE	፲ ም(ያ)	<b>▶</b> 3a	3,000 42,000
b Approved for future payment	TINOATION BIBE	1 (5)		42,00
о тритего телено розители.				
NONE				
		1		
		-		
		1	1	
	<u> </u>			

Part XVI-A	Anal	vsis of	Income-	-Producina	<b>Activities</b>
	,a.	,			,

nter gross amounts unless otherwise indicated.	Unrelated t	usiness income		y section 512, 513, or 514	(e)
•	(a) Business	(b)	(C) Exclu- sion	(d)	Related or exempt
1 Program service revenue:	code	Amount	code	Amount	function income
a	-				
b	-				
c	-				
d					
e	_				
f					
g Fees and contracts from government agencies		<u> </u>			
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			14	715. 18,904.	
4 Dividends and interest from securities .			14	18,904.	
5 Net rental income or (loss) from real estate:			* * *	المؤرقو بالجيلائي وعيدان الماران	क्षानुकार्यक्ष्मित्रप्रकार्यक्षम्
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					
than inventory			18	10,964.	
9 Net income or (loss) from special events					
O Gross profit or (loss) from sales of inventory					
1 Other revenue:					-
a					
b			1		
C					
d					
e					
2 Subtotal. Add columns (b), (d), and (e)			0.	30,583.	00
3 Total. Add line 12, columns (b), (d), and (e)				13	30,583
See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities	to the Accon	nplishment of	Exempt P	urposes	
Line No. Explain below how each activity for which inc	come is reported in o	column (e) of Part XV	/I-A contributed	I importantly to the accon	nplishment of

the foundation's exempt purposes (other than by providing funds for such purpo	
	<del></del>
<del>-  </del>	<del></del>
· · · · · · · · · · · · · · · · · · ·	
11	Form <b>990-PF</b> (2)

2a I	s the fou	ndation directly or indirectly affiliated with, or related to, o	ne or more tax-exempt organi	zations described		
ı	n section	501(c) of the Code (other than section 501(c)(3)) or in s	ection 527?			Yes X No
_ b	f "Yes," c	omplete the following schedule.				
		(a) Name of organization	(b) Type of organization	(	c) Description of rel	ationship
		N/A				<u>.</u>
		·····			. <u></u>	
				<u> </u>		
Sig Her	n and b	penalties of perjury, I declare that I have examined this return, including it is true, correct, and complete Declaration of preparer (other handlers of officer or trustee		•	•	May the IRS discuss this return with the preparer shown below (see instr.)?  X Yes N
	_   Jigi	,	s signature.		Check   If	PTIN
Pai	d	J DAVID CUMMINGS,	and ling	l,	self- employed	P01062483
	parer Only	Firm's name ► CLIFTONLARSONALLE			Firm's EiN ► 41	1-0746749
		Firm's address ► 2700 WESTOWN DAE	KMYA #400		I	

123622 12-02-11 515-222-4400

Form 990-PF (2011)

Phone no.

WEST DES MOINES, IA 50266-1411

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

Department of the Treasury Internal Revenue Service

#### **Schedule of Contributors**

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

OMB No 1545-0047

**Employer identification number** 

Name of the organization 20-8112164 MERLIN & VERNA MANATT FAMILY FOUNDATION Organization type (check one):

Filers of:	Section:				
Form 990 or 990-EZ	501(c)( ) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	X 501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charatable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
, ,	s covered by the <b>General Rule</b> or a <b>Special Rule.</b> (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General Rule					
X For an organization contributor. Comp	n filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one lete Parts I and II.				
Special Rules					
509(a)(1) and 170(	c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.				
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
contributions for u If this box is check purpose. Do not co	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, se exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. ed, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., omplete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions of \$5,000 or more during the year.				
_	nat is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to				

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Employer identification number

#### MERLIN & VERNA MANATT FAMILY FOUNDATION

20-8112164

Part I	Contributors (see instructions). Use duplicate copies of Part I	ıf addıtional space ıs needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MERLIN MANATT  927 1ST AVENUE, APT 107  GRINNELL, IA 50112	\$ 101,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Employer identification number

#### MERLIN & VERNA MANATT FAMILY FOUNDATION

20-8112164

antill Non	cash Property (see instructions). Use duplicate copies of Property	art II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. From	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. From	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom art I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	 990, 990-EZ, or 990-PF) (

Employer identification number

	N & VERNA MANATT FAMILY	FOUNDATION	20-8112164
Partill	Exclusively religious, charitable, etc., indiv year. Complete columns (a) through (e) and the the total of exclusively religious, charitable, etc Use duplicate copies of Part III if addition	ne following line entry. For organizations com c., contributions of \$1,000 or less for the yea	, or (10) organizations that total more than \$1,000 for the pleting Part III, enter r. (Enter this information once)
(a) No.	Use duplicate copies of Part III if addition	ai space is needed.	
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		·	
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4 F	Relationship of transferor to transferee
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4 F	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee

#### Form **8868**

(Rev. January 2012)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

OMB No. 1545-1709

• If you a	are filing for an Automatic 3-Month Extension, complete	te only Pa	rt I and check this box		▶	X
• If you a	are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	omplete only Part II (on page 2 of t	this form).		
Do not co	omplete Part II unless you have already been granted a	an automa	tic 3-month extension on a previous	ly filed For	m 8868.	
Electron	ic filing (e-file). You can electronically file Form 8868 if y	ou need a	3-month automatic extension of tim	ne to file (6	months for a corpo	oration
required 1	to file Form 990-T), or an additional (not automatic) 3-moi	nth extens	ion of time. You can electronically fi	le Form 88	368 to request an e	rtension
of time to	file any of the forms listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for 1	Transfers A	Associated With Ce	rtaın
Personal	Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details o	on the elec	tronic filing of this f	orm,
visit www	urs.gov/efile and click on e-file for Charities & Nonprofits	<u> </u>				
Parttl	Automatic 3-Month Extension of Time	e. Only s	ubmit original (no copies ne	eded).		
A corpora	ation required to file Form 990-T and requesting an autor	natic 6-mo	inth extension - check this box and o	complete		
Part I onl	y				🕨	
	corporations (including 1120-C filers), partnerships, REM ome tax returns.	ICs, and ti	rusts must use Form 7004 to reques	t an exten	sion of time	
Type or	Name of exempt organization or other filer, see instru	ctions.		Employer	identification numb	per (EIN) or
print						
File by the	MERLIN & VERNA MANATT FAMII	LY FO	UNDATION	X	20-811216	<u> </u>
due date for	Number, street, and room or suite no. If a P.O. box, s	ee instruct	tions.	Social se	cunty number (SSN	)
filing your return See	1775 OLD 6 ROAD					<del></del>
instructions	City, town or post office, state, and ZIP code. For a for BROOKLYN, IA 52211	oreign add	ress, see instructions.			
	DROOKBIN, IA 32211					
Enter the	Return code for the return that this application is for (file	e a senarat	te application for each return)			0 4
	The same same approaches to the same same same approaches to the same same approaches to the same same approaches to the same same same same same same same sam	у ш оорини		• •••••		لجاليكا
Applicati	on	Return	Application	_		Return
ls For		Code	Is For			Code
Form 990		01	Form 990-T (corporation)			07
Form 990		02	Form 1041-A	-		08
Form 990		01	Form 4720			09
Form 990		04	Form 5227			10
	PT (sec. 401(a) or 408(a) trust)	05	Form 6069			11
	PT (trust other than above)	06	Form 8870			12
	PAM BENISHEK					
• The bo	ooks are in the care of > 1775 OLD 6 ROAI	D - B1	ROOKLYN, IA 52211			
	none No. ► 641-522-9206		FAX No ▶			
• If the o	organization does not have an office or place of business	s in the Un	nited States, check this box		<b>&gt;</b>	. 🗀
<ul><li>If this</li></ul>	s for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN) I	If this is fo	r the whole group, o	heck this
box ▶	. If it is for part of the group, check this box	and atta	ch a list with the names and EINs of	f all memb	ers the extension is	for
1   re	quest an automatic 3-month (6 months for a corporation	required	to file Form 990-T) extension of time	until		
	AUGUST 15, 2012 , to file the exemp	t organiza	tion return for the organization name	ed above.	The extension	
is fe	or the organization's return for:					
▶[	X calendar year 2011 or					
<b>▶</b>	tax year beginning	, an	d ending		<del>_</del> '	
2 If th	ne tax year entered in line 1 is for less than 12 months, c	heck reas	on: Initial return	Fınal retur	n	
L	Change in accounting period					
			<del></del>	<del></del>	<del></del>	
	nis application is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6069, e	nter the tentative tax, less any			177
	nrefundable credits. See instructions.	4		3a_	\$	<u> 177.</u>
	nis application is for Form 990-PF, 990-T, 4720, or 6069,					600
	mated tax payments made. Include any prior year overp			3b	\$	600.
	ance due. Subtract line 3b from line 3a. Include your pa	-		2-	e	0.
	using EFTPS (Electronic Federal Tax Payment System)  If you are going to make an electronic fund withdrawal v			3c	EO for payment ups	
	or Privacy Act and Paperwork Reduction Act Notice			UIII 001 3.	Form 8868 (R	

123841 01-04-12 MERLIN & VERNA MANATT FAMILY FOUNDATION 20-8112164

Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to any foundation manager Recipient Foundation Purpose of grant or **Amount** status of contribution Name and address (home or business) recipient or substantial contributor HOSPICE OF GRINNELL OPERATING NONE 210 4TH AVENUE 1,000. GRINNELL IA 50112 OPERATING IOWA TRANSPORTATION MUSEUM NONE 927 4TH AVENUE 5,000. GRINNELL IA 50112 OPERATING MICA-GRINNELL FOOD PANTRY NONE 611 4TH AVENUE 2,000. GRINNELL, IA 50112 SACRED HEART CATHOLIC NONE MISSION CHURCH-ELSAVADOR MISSION 1115 S 8TH STREET E NEWTON, IA 50208 1\_000. ST FRANCIS MANOR NONE OPERATING BOX 455 2,000, GRINNELL IA 50112 IMAGINE GRINNELL NONE OPERATING 1510 PENROSE 5,000. GRINNELL IA 50112 OPERATING MAYFLOWER HUMAN NEEDS FUND NONE 1510 PENROSE 5,000. GRINNELL IA 50112 2ND MILE BUILDING CAMPAIGN NONE OPERATING 1510 PENROSE 5 000. GRINNELL IA 50112 BECKMAN HIGH SCHOOL SCHOLARSHIP NONE SCHOLARSHIPS 1430 9TH STREET, SE 2,000. DYERSVILLE, IA 52040 GRINNELL UNITED WAY NONE DPERSTING BOX 121 2,500. GRINNELL IA 50112 Total from continuation sheets 35,000.

Part XV **Supplementary Information** 3 Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor MICHAEL J MANATT COMMUNITY CENTER NONE OPERSTING BOX 328 3,500, BROOKLYN IA 52211 OPERATING DAVIS PTO: 4TH GRADE Y CAMP 818 HAMILTON AVENUE 1,000. GRINNELL, IA 50112 Total from continuation sheets

MERLIN & VERNA MANATT FAMILY FOUNDATION

Part IV   Capital Gains and Los	ses for Tax on Investment Income			
(a) List and 2-story bri	describe the kind(s) of property sold ick warehouse; or common stock, 20	(b) How acquired P - Purchase D - Donation	(c) Date acquired (d) Date sold (mo., day, yr.)	
1a AB SVENSK EXPOR	RT		P	02/02/1112/23/11
b BAC CAPITAL TR			P	VARIOUS 08/08/11
c GA PWR CAP			P	07/07/1109/23/11
d GOLDCORP INC NI	EW		P	05/09/1107/19/11
e HECLA MINING CO			P	VARIOUS 07/07/11
f HI YLD CORP GLO			P	VARIOUS 08/08/11
o ISHARES SILVER			P	VARIOUS VARIOUS
h PIMCO TOTAL RE			P	VARIOUS 06/10/11
i SILVER WHEATON			P	05/09/11VARIOUS
SPDR S&P DIVIDI		P	VARIOUS VARIOUS	
		P	VARIOUS 07/26/11	
k VANGUARD BOND INDEX FUND I AMERICAN CENTURY GLOBAL GOLD				VARIOUS 06/10/11
m GABELLI UTILIT			P P	VARIOUS 08/08/11
	LES FUND A	<del></del>	P	VARIOUS 08/08/11
n ISHARES S&P	TITLAT FILIAD		P	VARIOUS 06/10/11
• PIMCO TOTAL RE		( ) ( ) ( )		
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		n) Gain or (loss) plus (f) minus (g)
a 4,355.		5,764.		-1,409.
b 5,900.		6,956.		
c 12,500.		12,704.		-204.
d 10,868.		9,991.		877.
e 3,216.		3,417.		-201.
10,771.		11,212.		441.
g 42,075.		36,612.		5,463.
h 510.		505.		5.
7,620.		7,325.		295.
44,350.		42,628.		1,722.
k 16,858.		16,752.		106.
13,008.		11,352.		1,656.
m 6,670.		7,405.		-735.
10 500		21,623.	· · · · · · · · · · · · · · · · · · ·	-2,103.
24 504		30,868.	<del> </del>	656.
	ng gain in column (h) and owned by t		/D1c	esses (from col. (h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	Gains (excess	of col. (h) gain over col. (k), not less than "-0-")
a				-1,409.
b				-1,056.
С				-204.
d				877.
e				-201.
f				-441.
g				5,463.
h	<del></del>		<del></del>	5.
"			···	295.
				1,722.
1				106.
<u>K</u>				1,656.
				-735·
<u>m</u>	<u> </u>			-2,103.
<u>n</u>	<del></del>			
0		<u> </u>		656.
2 Capital gain net income or (net ca	pital loss) {   If gain, also enter   If (loss), enter   -0	r in Part I, line 7 )-" in Part I, line 7	2	
	ss) as defined in sections 1222(5) an	<b>.</b> 1		<del></del>
If (loss), enter "-0-" in Part I, line 8		J	3	

(a) List and	describe the kind(s) of property sold ick warehouse; or common stock, 20	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)	
1a RIDGEWORTH INVI	ESTMENT		P	VARIOUS	04/20/11
b VANGUARD GNMA			P		07/29/11
c VANGUARD TOTAL			P		07/29/11
d CAPITAL GAINS I					.,,,
e					-
1	-				
9					
h					
1					
1					Ţ
k					
ı					
m					
n					
_0					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(e) t	) Gain or (loss) Dius (f) minus (g)	
a 26,748.		27,211.			-463.
b 22,520.		21,082.			1,438.
c 20,813.		19,308.			1,505.
d 3,853.					3,853.
е					
f					
g					
h					
1					
1				- <del></del> -	
k			··· <u>···</u>		
<u> </u>			<u> </u>		
m			<u> </u>		
<u>n</u>			7	- <u>-</u> -	
0					
Complete only for assets showing	g gain in column (h) and owned by t		(I) Los	sses (from col. (h)	)
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	Gains (excess but r	of col. (h) gain ove not less than "-0-")	
a					-463.
b					1,438.
С					1,505.
d					3,853.
e					
<u>f</u>				<del></del>	
9					
h			<del>-</del>		
1					
4					·····
<u>k</u>					
				_ <del></del>	
	<del></del>				
<u>o</u> l					
2 Capital gain net income or (net cap	pital loss) { If gain, also enter If (loss), enter "-0	ın Part I, line 7 -• ın Part I, line 7	2		10,964.
3 Net short-term capital gain or (loss If gain, also enter in Part I, line 8, c	column (c).	d (6):			
If (loss), enter "-0-" in Part I, line 8			3	N/A	

FORM 990-PF INTEREST ON SAVI	INGS A	ND TEM	PORARY CA	ASH IN	VESTMENTS	STATEMENT	1
SOURCE	-	<u>-</u>				AMOUNT	
CHARLES SCHWAB PATRIOT BANK						7	11.
TOTAL TO FORM 990-PF, PART I,	, LINE	3, COI	LUMN A			7	15.
FORM 990-PF DIVIDENT	OS AND	INTER	EST FROM	SECUF	RITIES	STATEMENT	2
SOURCE		GROSS	AMOUNT		TAL GAINS	COLUMN (A AMOUNT	)
CHARLES SCHWAB BOND/EQUITY FU			18,904. 3,853.		0. 3,853.	18,9	04.
TOTAL TO FM 990-PF, PART I, I	LN 4		22,757.		3,853.	18,9	04.
FORM 990-PF		TAX	ES			STATEMENT	3
DESCRIPTION	EXPE	A) INSES BOOKS	(B) NET INV MENT IN		(C) ADJUSTEI NET INCOM		
FEDERAL TAX FOREIGN TAX		581. 11.		0.	-		0.
TO FORM 990-PF, PG 1, LN 18		592.		0.			0.
FORM 990-PF	C	THER E	XPENSES	-		STATEMENT	4
DESCRIPTION	EXPE	A) INSES BOOKS	(B) NET INV MENT IN	-	(C) ADJUSTEI NET INCOM		
ADVISORY FEES MISCELLANEOUS	<del></del>	1,215.		0.			0.
TO FORM 990-PF, PG 1, LN 23		1,220.		0.			0.

FORM 990-PF	OTHER INVESTMENTS		STATE	MENT	5
DESCRIPTION	VALUATION METHOD	BOOK VALUE VALUE			
CHARLES SCHWAB FUNDS	COST	532,536. 536			<u> </u>
TOTAL TO FORM 990-PF, PART II,	LINE 13	532,53	6.	536,636	- 5. =
	SUBSTANTIAL CONTRIE	UTORS	STATI	EMENT	6
NAME OF CONTRIBUTOR	ADDRESS				
MERLIN MANATT	927 1ST AVENU GRINNELL, IA				
	LIST OF OFFICERS, DE AND FOUNDATION MANA TITLE AND AVRG HRS/WK	COMPEN-	STATI EMPLOYEE BEN PLAN CONTRIB		
MERLIN MANATT 927 1ST AVENUE, APT 107 GRINNELL, IA 50112	PRESIDENT 1.00	0.	0.		0.
PAM BENISHEK 1775 OLD 6 ROAD BROOKLYN, IA 52211	SECRETARY 1.00	0.	0.	C	0.
JEFFREY G MANATT 1775 OLD 6 ROAD BROOKLYN, IA 52211	TREASURER 1.00	0.	0.	C	0.
BRADFORD J MANATT 1775 OLD 6 ROAD BROOKLYN, IA 52211	DIRECTOR 1.00	0.	0.	C	Ο.
JULIE ANN MANATT 1775 OLD 6 ROAD BROOKLYN, IA 52211	DIRECTOR 1.00	0.	0.	(	0.

MERLIN & VERNA MANATT FAMILY F	OUNDATION		20	-8112164
MICHELLE M MANATT 1775 OLD 6 ROAD BROOKLYN, IA 52211	DIRECTOR 1.00	0.	0.	0.
ANTHONY JOHN MANATT 1775 OLD 6 ROAD BROOKLYN, IA 52211	DIRECTOR 1.00	0.	0.	0.
MARGARET MARY MANATT 1775 OLD 6 ROAD BROOKLYN, IA 52211	DIRECTOR 1.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE	6, PART VIII	0.	0.	0.

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION
PART XV, LINES 2A THROUGH 2D

STATEMENT

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NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

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

TELEPHONE NUMBER

641-236-5600

FORM AND CONTENT OF APPLICATIONS

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

#### ANY SUBMISSION DEADLINES

NONE, HOWEVER, FUNDS WILL BE DISPERSED IN DECEMBER.

RESTRICTIONS AND LIMITATIONS ON AWARDS

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