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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	endar year 2011 or tax year beginning		, and ending				
Name	of foundation	-		A Employer identification number			
_							
	MFORT FAMILY FOUNDATION			27-3079512			
	r and street (or P O box number if mail is not delivered to street a		Room/suite	B Telephone number			
	0 WALNUT STREET, SUITE 10	500		(515) 224-1040			
-	town, state, and ZIP code			C If exemption application is pending, check	there		
	S MOINES, IA 50309	Instal return of a fe		D 4 5			
G Chec	ck all that apply: Initial return Final return	Initial return of a fo	rmer public charity	D 1. Foreign organizations, check her	e ▶ ∟		
	Address change	Name change		Foreign organizations meeting the 85% 2. check here and attach computation	i test,		
H Cher		empt private foundation					
	Section 4947(a)(1) nonexempt charitable trust X		tion	E If private foundation status was term under section 507(b)(1)(A), check			
	market value of all assets at end of year J Accountin		Accrual	F If the foundation is in a 60-month to			
	·	ner (specify)		under section 507(b)(1)(B), check			
▶\$		nn (d) must be on cash b	pasis.)		.0.0		
Part	Analysis of Revenue and Expenses	(a) Revenue and	(b) Net investment		sbursements		
	(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	expenses per books	ıncome	income for charr	table purposes basis only)		
1	Contributions, gifts, grants, etc., received			N/A			
2012							
20	Interest on savings and temporary cash investments						
6 4	Dividends and interest from securities						
	5a Gross rents						
Reggyahlov	b Net rental income or (loss)						
₹ 6	32 Net gain or (loss) from sale of assets not on line 10 Gross sales price for all		· · · · · · · · · · · · · · · · · · ·	RECEIVED			
a .	D assets on line 6a		0.				
	7 Capital gain net income (from Part IV, line 2) 3 Net short-term capital gain			P OCT 2 5 2019	18		
7 2	Income modifications			C OCT 2 5 2012	181		
Ø ₁	Gross sales less returns and allowances				<u>jël </u>		
øp	b Less Cost of goods sold						
	c Gross profit or (loss)						
11	1 Other income						
12	2 Total. Add lines 1 through 11	0.	0.				
13	Compensation of officers, directors, trustees, etc	0.			0.		
14							
_ω 15	• • • •						
8 16	Sa Legal fees						
Expense	b Accounting fees						
e .	c Other professional fees 7 Interest		 				
and Administrative	· · · · · · · · · · · · · · · · · · ·						
istr.	i						
E 20	· · ·		,				
P P	· ·						
E 2	· · · · · · · · · · · · · · · · · · ·						
ි 2	- '						
± 2.	4 Total operating and administrative						
Operating	expenses. Add lines 13 through 23	0.	0.		0.		
2	5 Contributions, gifts, grants paid	0.			0.		
2	6 Total expenses and disbursements.	,	•		^		
-	Add lines 24 and 25	0.	0.		0.		
2	7 Subtract line 26 from line 12:	0.					
	Excess of revenue over expenses and disbursements Net investment income (if negative, enter -0-)		0.	 			
	c Adjusted net income (if negative, enter -0-)			N/A			
123501		!	<u> </u>		90-PF (2011)		

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Form **990-PF** (2011)

See the Part VI instructions.

1a Exempt operating (soundations disserbed in section 4940(d)(2), check here ▶ and enter "W" on line 1. Sate or failing or determination alter: (alter) copy of letter if necessary see instructions) On Part I, line 27. A fail of the domestic foundations tear met the section 4940(e) requirements in Part V, check here ▶ and enter 1% Or Part I, line 27. A fail of the domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, ccl. (b). 2 Tax under section 511 (domestic section 4947(e)(1) trusts and taxable foundations only, Others enter -0-) 3 A doll line 1 and 3. A defines 1 and 6. S a defines 1 and 6.		1990-PF (2011) COMFORT FAMILY FOUNDATION 2 Int VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 49	27 – 48 -	3079! see in	512 istru	ction	age 4
Date of ruling or determination latter: (attach copy of letter it necessary-see instructions) of Part I, line 27b. O. of Part I, line 27b. O. of Part I, line 27b. All other domestic foundations enter 42k of Ina 27b. Exempt foreign organizations enter 49k of Part I, line 12c, ob. (b). 2	1a						
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here							
of Part I, line 27. And there domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b). Tax under section 511 (domestic section 4947(a)(1) trusts and bandle foundations only, Others enter -0-) And lines 1 and 2 Substitle A (norme) tax (domestic section 4947(a)(1) trusts and bandle foundations only, Others enter -0-) Tax based on investment income. Subtract line 4 from line 3.1 trar or of less, enter -0- Tox based on investment income. Subtract line 4 from line 3.1 trar or of less, enter -0- Tox developments Tox the stitle and bandle dax payments and 2010 overpayment credited to 2011 See the stitle organizations - Exe withheld at source Tax pad with application for extension of time to file (Form 8686) Beachy withholding erroneously withheld To that precists and payments. Add lines 6 all mough 6d Bertie any penalty for underpayment of estimated tax. Check here if the stitle organization of the stitle organization of the stitle organization of the stitle organization of the stitle organization or development of the stitle organization of the stitle organization organiz	h						Λ
e. All other domestic foundations eather 2% of the 27b. Exempt foreign organizations eather 4% of Part I, line 12, cot. (b). 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, Others enter 40-) 3 Add lines 1 and 2 4 Subtitle 4, (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, Others enter 40-) 5 Tax hased on investment income. Subtract line 4 from line 3, 17 are or less, enter 40- 6 Credis/Payments; 2 O1 estimated tax payments and 2010 overpsyment credited to 2011 5 Exempt foreign organizations – tax withheld at source 6 Tax paid with application for extension of time to file (Form 8868) 6 Eacher any peraint of rextension of time to file (Form 8868) 7 Total credits and payments. Add lines 5 and 68 is more than line 7, enter amount over 68 ded. 7 Total credits and payments. Add lines 5 and 68 is more than line 7, enter amount over 68 ded. 9 Tax due. If the total of lines 5 and 68 is more than line 7, enter amount over 68 ded. 10 Deverpyment, 11 line 7 is more than the total of lines 5 and 8, enter the memont overpaid 11 Enter the amount of line 10 to be: Credited to 2012 estimated tax ▶ 12 Part VII-A Statements Regarding Activities 13 Tax due, 11 the 7 is more than 1100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? 14 If the answers ** Yes** to 1 a or 15, attach a detailed description of the activities and copies of any materials published or distributed for the Common than 1100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? 15 Has the foundation where unrelated in connection with the activities 16 Did the foundation made any changes, not previously reported to the IRS? 17 Yes, ** that the activities and copies of any materials published or distributed by the foundation of the part published or distributed by the foundation of the part published or distributed by the foundation, fission, or substantial co	U	The second secon	_'-				<u> </u>
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3							^
4 Sublible A (income) bax (domeshic section 4947(a)(1) trusts and taxable foundations only, Others enter -0-) 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- 6 CreditsPayments: a 2011 estimated tax payments and 2010 overpayment credited to 2011 be Exempt foreign organizations: - Law withheld at source 6 Tax pard with application for extension of time to file (Form 8868) 6 6 6 8 Enter any penalty for underpayment of estimated tax. Check here ☐ If Form 2220 is attached 8 Enter any penalty for underpayment of estimated tax. Check here ☐ If Form 2220 is attached 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 10 overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did if participate or intervene in any political campaign? 1a During the tax year, did the foundation aftering to influence any national, state, or local legislation or did if participate or intervene in any political campaign? 1a During the tax year, did the foundation after the participate or indirectly or political purposes (see instructions for definition)? 1b of spend more than 5100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? 1b of the foundation inter form 1122-POL for the year? 1c Entert the removal (if any) of tax on political expenditures (section 4955) imposed during the year: 1c) On the foundation may past by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ 0. • Entert the removement (if any) past by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ 0. • Entert the removement (if any) of tax on political expenditu						_	
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Part VII-A Statements Regarding Activities 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 campagin? 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 campagin? 1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities c Did the foundation file Form 1120-POL for this year? 1c E Attach the individual on the Form 1120-POL for this year? 2 Enter the amount (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ 0. (2) On foundation managers. ▶ \$ 0. (2) On foundation managers. ▶ \$ 0. (2) Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ 0. (2) On foundation managers. ▶ \$ 0. (2) On foundation managers. ▶ \$ 0. (2) Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ 0. (2) On foundation managers. Political expenditure tax imposed on f	10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				
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b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities c Did the foundation file Form 1120-P0L for this year? d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ► \$	1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene i	n			Yes	No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities c Did the foundation file Form 1120-P0L for this year? d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ► \$		any political campaign?			1a		X
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Form 990-PF (2011)

FORM 990-PF (2011) COMFORT FAMILY FOUNDATIO			<u> 27-30795</u>	12 Page 6
Part VII-B Statements Regarding Activities for Which I	orm 4720 May Be F	Required (contin	ued)	
5a During the year did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	า 4945(e)) ?	Ye	s X No	
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire	ectly,		
any voter registration drive?		☐ Ye	s X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Ye	s X No	
(4) Provide a grant to an organization other than a charitable, etc., organization				
509(a)(1), (2), or (3), or section 4940(d)(2)?		☐ Ve	s X No	1
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational nurnoses, or f			
the prevention of cruelty to children or animals?	or oddounonar parposos, or r		s X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	far the excentions described i		3 (A) NO	
section 53.4945 or in a current notice regarding disaster assistance (see instru	•	ii riegulations	N/A	5b
Organizations relying on a current notice regarding disaster assistance check h	•			30
		and		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption for		. —	. —	
expenditure responsibility for the grant?		ĭ∕A ∐ Ye	s Li No	
If "Yes," attach the statement required by Regulations section 53 494				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on			
a personal benefit contract?		Ye	s X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		_	6b X
If "Yes" to 6b, file Form 8870.				
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Ye	s X No	
b If "Yes," did the foundation receive any proceeds or have any net income attribu				7b
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, Foundation Ma	nagers, Highly	<i>!</i>	
1 List all officers, directors, trustees, foundation managers and their	compensation.		-	
	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans	(e) Expense account, other
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	account, other allowances
FRANK B. COMFORT			EC.	diowanous
13815 SHERIDAN DRIVE	TREE TORY	DIDERI, D		
URBANDALE, IA 50323	0.00	0.	0.	0.
DEBORAH E. MILLER	VICE PRESIDEN		<u></u>	<u>0.</u>
4926 CEDAR DRIVE	AICE LEGIDEN	 1		
WEST DES MOINES, IA 50266	0.00		^	
	0.00	0.	0.	0.
CONSTANCE M. COMFORT	VICE PRESIDEN	(L		
2921 FOX RUN	0.00			
DES MOINES, IA 50321	0.00	0.	0.	0.
ROBERT A. VANORSDEL	DIRECTOR			
700 WLANUT STREET, SUITE 1600				
DES MOINES, IA 50309	0.00	0.	0.	0.
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	(d) Contributions to	(-) <u>Fynansa</u>
(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				
	_			_
		1		
		1		
				<u> </u>
- Annual Control of the Control of t	1			
				
	1			
Total number of other employees paid over \$50,000				0

Form **990-PF** (2011)

Form 990-PF (2011) COMFORT FAMILY FOUNDATION 27	7-3 <u>0</u> 79512 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)	
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."	
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities	▶ 0
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 <u>N/A</u>	
	0.
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 <u>N/A</u>	
2	0.
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3	0. Form 990-PF (2011)
	Form 990-PF (2011)

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Part X Mini	mum Investment Return (All domestic for	oundations must complete this part. Fore	ign foundations, see instr	uctions)
1 Fair market value	of assets not used (or held for use) directly in carrying	g out charitable, etc., purposes:		
a Average monthly	fair market value of securities		1a	0.
b Average of mont	hly cash balances		1b	
c Fair market value	of all other assets		1c	
d Total (add lines	1a, b, and c)		1d	0.
e Reduction claims	ed for blockage or other factors reported on lines 1a an	d		
1c (attach detaile	ed explanation)	1e	0.	
2 Acquisition indet	otedness applicable to line 1 assets		2	0.
3 Subtract line 2 fr	om line 1d		3	0.
4 Cash deemed he	ld for charitable activities. Enter 1 1/2% of line 3 (for gi	eater amount, see instructions)	4	
5 Net value of non	charitable-use assets. Subtract line 4 from line 3. Ent	er here and on Part V, line 4	5	0.
6 Minimum invest	ment return. Enter 5% of line 5		6	0.
i Pari Ai i	ributable Amount (see instructions) (Section organizations check here and do not comp		ations and certain	
1 Minimum investi	ment return from Part X, line 6	, ,	1	0.
2a Tax on investme	nt income for 2011 from Part VI, line 5	2a		
b Income tax for 2	011. (This does not include the tax from Part VI.)	2b		
c Add lines 2a and	2b		2c	0.
3 Distributable am	ount before adjustments. Subtract line 2c from line 1		3	0.
4 Recoveries of an	nounts treated as qualifying distributions		4	0.
5 Add lines 3 and	4		5	0.
6 Deduction from	distributable amount (see instructions)		_6	0.
7 Distributable an	nount as adjusted. Subtract line 6 from line 5. Enter he	e and on Part XIII, line 1	7	0.
Part XII Qua	lifying Distributions (see instructions)			
1 Amounts paid (ncluding administrative expenses) to accomplish chari	able, etc., purposes:		
a Expenses, contra	butions, gifts, etc total from Part I, column (d), line 2	6	1a	0.
b Program-related	investments - total from Part IX-B		1b	0.
2 Amounts paid to	acquire assets used (or held for use) directly in carryii	ng out charitable, etc., purposes	2	
3 Amounts set ası	de for specific charitable projects that satisfy the:			
a Suitability test (p	prior IRS approval required)		3a	
b Cash distribution	n test (attach the required schedule)		3b	
4 Qualifying distri	butions. Add lines 1a through 3b. Enter here and on P	art V, line 8, and Part XIII, line 4	4	<u> </u>
5 Foundations that	t qualify under section 4940(e) for the reduced rate of	ax on net investment		
income. Enter 19	% of Part I, line 27b		5	0.
6 Adjusted qualify	ring distributions. Subtract line 5 from line 4		6	0.
Note. The amou	int on line 6 will be used in Part V, column (b), in subse	equent years when calculating whether the fou	ndation qualifies for the section	on

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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,				
line 7				0.
2 Undistributed income, if any, as of the end of 2011				
a Enter amount for 2010 only			0.	
b Total for prior years:				
,,		0.		
3 Excess distributions carryover, if any, to 2011:				
a From 2006				
b From 2007				
c From 2008				
d From 2009				
e From 2010				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2011 from				
Part XII, line 4: ► \$ 0 .				
a Applied to 2010, but not more than line 2a	 		0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.		<u>. </u>	
d Applied to 2011 distributable amount				0.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2011 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
8 Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'	 			
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
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				
be distributed in 2012				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2006				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2012.				
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2007				
b Excess from 2008				
c Excess from 2009				
d Excess from 2010				
e Excess from 2011		<u> </u>	L	5 000 PE (0044)

Form 990-PF (2011) COMFORT	FAMILY FOU	NDATION			79512 Page 10
Part XIV Private Operating F				N/A	
1 a If the foundation has received a ruling of					
foundation, and the ruling is effective fo			▶ <u> </u>		
b Check box to indicate whether the found		ng foundation described] 4942(j)(3) or 49	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2011	(b) 2010	(c) 2009	(d) 2008	(e) Total
investment return from Part X for					
each year listed					
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:					
"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:					
 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			İ		
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info			if the foundation	n had \$5,000 or me	ore in assets
at any time during t	the year-see inst	ructions.)	N/A		
1 Information Regarding Foundation	on Managers:				
a List any managers of the foundation wh			ntributions received by the	e foundation before the clo	se of any tax
year (but only if they have contributed r	nore than \$5,000). (See :	section 507(d)(2).)			
	,	***			
b List any managers of the foundation wh			o (or an equally large porti	ion of the ownership of a p	artnership or
other entity) of which the foundation ha	is a 10% or greater intere	SL			
					.
2 Information Regarding Contribut					
Check here 🕨 🕱 if the foundation of					
the foundation makes gifts, grants, etc.	(see instructions) to indi	viduals or organizations	under other conditions, c	complete items 2a, b, c, and	d d.
a The name, address, and telephone num	ber of the person to who	m applications should b	e addressed:		
	· 				
b The form in which applications should l	be submitted and informa	ation and materials they	should include;		
A	·				
c Any submission deadlines:					
d Any restrictions or limitations on award	s, such as by geographic	al areas, charitable field	s, kinds of institutions. or	other factors:	
,	,	,	,		
					
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Part XV Supplementary Informatio	n (continued)		21-3013	JIZ ray
Grants and Contributions Paid During the	Year or Approved for Future I	Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
a Paid during the year				
		•		
NONE				
10112				
<u> </u>				 -
		•		
				
Total			► 3a	
b Approved for future payment				
NONE				
		1		
-	<u> </u>			
Total	1	1	▶ 3b	

Part XVI-A	Analy	vsis of	Income-I	Producing	Activities
Part Avi-A	Anai	ysis of	ıncome-ı	roaucing	ACTIVITIE

			7.3	uded by section 512, 513, or 514	(e)
Program service revenue:	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
a	_ [
b	_ [
C					
d	_		<u> </u>		
e					
f	_				
g Fees and contracts from government agencies					
! Membership dues and assessments				<u> </u>	
Interest on savings and temporary cash					
investments					
Dividends and interest from securities					
Net rental income or (loss) from real estate:			ļ		
a Debt-financed property				<u> </u>	
b Not debt-financed property					
Net rental income or (loss) from personal			1		
property					
Other investment income					
Gain or (loss) from sales of assets other					
than inventory			<u> </u>		
Net income or (loss) from special events			<u> </u>	, .	
Gross profit or (loss) from sales of inventory					
Other revenue:					
a	_				
E.	1			1	
b	_		┥──		
c	l l				
	_				
d	_				
c d e 2 Subtotal. Add columns (b), (d), and (e)	_	0	•		0.
c d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e)		0			0.
e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations	.)			13	
e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations	.)			13	
c d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie Line No. Explain below how each activity for which in	s to the Acc	omplishment of E	xemp	13 _ ot Purposes	0.
c d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie	s to the Acc	omplishment of E	xemp	13 _ ot Purposes	0.
c d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie Line No. Explain below how each activity for which in	s to the Acc	omplishment of E	xemp	13 _ ot Purposes	0.
c d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie Line No. Explain below how each activity for which in	s to the Acc	omplishment of E	xemp	13 _ ot Purposes	0.
c d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie Line No. Explain below how each activity for which in	s to the Acc	omplishment of E	xemp	13 _ ot Purposes	0.
c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) Gee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie Explain below how each activity for which in	s to the Acc	omplishment of E	xemp	13 _ ot Purposes	0.
c d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie Line No. Explain below how each activity for which in	s to the Acc	omplishment of E	xemp	13 _ ot Purposes	0.
c d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie Line No. Explain below how each activity for which in	s to the Acc	omplishment of E	xemp	13 _ ot Purposes	0.
c d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie Line No. Explain below how each activity for which in	s to the Acc	omplishment of E	xemp	13 _ ot Purposes	0.
c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) Gee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie Explain below how each activity for which in	s to the Acc	omplishment of E	xemp	13 _ ot Purposes	0.
c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) Gee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie Explain below how each activity for which in	s to the Acc	omplishment of E	xemp	13 _ ot Purposes	0.
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c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) Gee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie Explain below how each activity for which in	s to the Acc	omplishment of E	xemp	13 _ ot Purposes	0.
c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) Gee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie Explain below how each activity for which in	s to the Acc	omplishment of E	xemp	13 _ ot Purposes	0.
c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) Gee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie Explain below how each activity for which in	s to the Acc	omplishment of E	xemp	13 _ ot Purposes	0.
c d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie Line No. Explain below how each activity for which in	s to the Acc	omplishment of E	xemp	13 _ ot Purposes	0.
c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) Gee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie Explain below how each activity for which in	s to the Acc	omplishment of E	xemp	13 _ ot Purposes	0.
c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) Gee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie Explain below how each activity for which in	s to the Acc	omplishment of E	xemp	13 _ ot Purposes	0.

N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described X No in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/AUnder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge May the IRS discuss this return with the preparer shown below (see instr.) and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Sign e instr)? Here 10/12 X Yes Signature of officer or trustee Date Title Check PTIN Print/Type preparer's name reparer's signature Date self- employed Paid P00539120 DENISE MENDT **Preparer** Firm's EIN \triangleright 42-1154516 Firm's name ► NYEMASTER GOODE, P.C. **Use Only** Firm's address ► 700 WALNUT STREET, **SUITE 1600** DES MOINES, IA 50309-3899 Phone no. (515)283-3100

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Form 886	8 (Rev. 1·2012)					Page 2
	re filing for an Additional (Not Automatic) 3-Month Ex	tension, o	complete only Part II and check this	box		▶ X
	y complete Part II if you have already been granted an a			ed Form	8868.	
	tre filing for an Automatic 3-Month Extension, comple					
Part II	Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	al (no c	opies nee	ded).
	T					see instructions
Type or	Name of exempt organization or other filer, see instru-	ctions		Employe	dentificatio	n number (EIN) or
print	COMPORT FAMILY FOUNDAMION				27 20	70510
File by the due date for	of or			Sacratas	27-30	
filing your return See	700 WALNUT STREET, SUITE 160		dions.	Social se	curity numbe	er (331 4)
instructions	City, town or post office, state, and ZIP code For a fo		ress, see instructions			
	DES MOINES, IA 50309					
Enter the	Return code for the return that this application is for (file	a separa	te application for each return)			0 4
Applicati	on	Return	Application			Return
ls For		Code	Is For			Code
Form 990		01				
Form 990	-BL	02	Form 1041-A			80
Form 990		01 04	Form 4720			09
Form 990-PF			Form 5227			10
Form 990-T (sec 401(a) or 408(a) trust) 05 Form 6069						11
	-T (trust other than above) o not complete Part II if you were not already granted	06	Form 8870			12
Teleph If the	FRANK B. COMFOID 13815 SHERIDAN NONE NO. (515) 224-1040 Toganization does not have an office or place of business	DRIV.	FAX No ▶			▶ □
. 1	s for a Group Return, enter the organization's four digit	7			_	
box 🕨	. If it is for part of the group, check this box		ch a list with the names and EINs of	all memb	ers the exter	nsion is for
	•	NOVEW	BER 15, 2012			
	calendar year 2011 , or other tax year beginning ne tax year entered in line 5 is for less than 12 months, c	book rose	on: Initial return	Final r		·
6 If ti	Change in accounting period	HIGCK IGAS	on miliai retum	Finai i	etum	
7 Sta	te in detail why you need the extension					
•	DITIONAL TIME IS NEEDED TO	GATHE	R THE INFORMATION I	VECES	SARY T	0
	REPARE A COMPLETE AND ACCURA			<u></u>	<u></u>	<u> </u>
				_		
8a If ti	nis application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any			
<u>no</u> r	refundable credits. See instructions.			8a_	_\$	0.
b If ti	nis 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 all	lowed as	a credit and any amount paid			_
	previously with Form 8868					0.
	Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using					•
EF	IPS (Electronic Federal Tax Payment System). See instru		at he completed for Dort II o	<u>8c</u>	_\$	0.
Under pen	Signature and verificat alties of perjury, I declare that I have examined this form, includ orrect, and complete, and that I am authorized to prepare this fo	ling accomi	st be completed for Part II of panying schedules and statements, and to	-	of my knowled	ge and belief,
Signature				Date	•	
<u>Jignature</u>	11110			- Date		3868 (Rev. 1-2012)

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