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Form	9	9	n.	-P	F
COLL	•	~	•		

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

OMB No 1545-0052 2011

Int	mal R	evenue Service Not	te. The foundati	on may b	e able to	use a copy of th	is return to sati	isfy state re	portin	g requirements	_	
Fo	ог са	lendar year 2011 or ta	x year beginr	ning		12	2/23 , 2011,	and endi	ng			12/31,2011
	Name	e of foundation								A Employer ident	ification	number
	TOM	SON FAMILY FOUN	NDATION TE	RUST						35-69474	33	
	Numl	per and street (or P O box	number if mail is	not deliven	ed to stree	et address)		Room/su	ute	B Telephone numb	er (see II	nstructions)
										(6	41) 4	423-1600
	260	1 FOURTH STREET	r sw									
_	City c	or town, state, and ZIP coo	de									-
										C If exemption applic	ation is	▶□
	MAS	ON CITY, IA 504	101							pending, check her	• • •	
_			X Initial retur	n		Initial return of	of a former nu	iplic cham	tv	.		•
~	0	ok dir didt apprij	Final return			Amended ret	•	20110 011011	"	D 1. Foreign organization 2 Foreign organization		
		 	Address ch			Name chang				85% test, check	here and a	attach
	Cho	ck type of organization			2/(3) 02/					computation	• • •	▶ □
Ϊ	\neg	Section 4947(a)(1) nonexe				ther taxable pri		OD.		E if private foundation		- L I
+						nethod X C		crual		under section 507(
'		market value of all ass						iruai		F If the foundation is		- 1 1
	-	ear (from Part II, col (d	• •	(Port)	ther (sp	ecify) (d) must be oi				under section 507(b)(1)(B), C	neck here
		▶ \$ 1,533			COMMINI	(a) must be of	i casii basis.)	<u>'</u>	$-\perp$		1	Dishumomanta
ئا	eir	Analysis of Revenue total of amounts in colu				Revenue and	(b) Net inve	estment	(0) Adjusted net		Disbursements for charitable
		may not necessarily eq.	ual the amount:		ex	penses per books	incom		Ι ΄	income		purposes
_		column (a) (see instruc	tions))								(C	ash basis only)
	1	Contributions, gifts, grants etc.,	received (attach sch	edule) .		1,530,926.			<u> </u>		1	
	2	Check ► I If the foundattach Sch	ndation is not required.						<u> </u>			
	3	Interest on savings and tem				864.		864.	<u> </u>		\rightarrow	CH 1
	4	Dividends and interest fr	rom securities			2,071.		2,071.			ľĄ	CH 2.
	5 a	Gross rents										
	b	Net rental income or (loss)										_
ø	6 a	Net gain or (loss) from sale	of assets not on I	ne 10								
5	b	Gross sales pnce for all assets on line 6a										
Revenue	7	Capital gain net income	(from Part IV, II	ne 2) .								
œ	8	Net short-term capital ga	•	· ·		_						
	9	Income modifications .										
	10 a	Gross sales less returns and allowances										
1	b	Less Cost of goods sold .										
į		Gross profit or (loss) (att		·							1	
	11	Other income (attach sci					·					
	12	Total. Add lines 1 through]	,533,861.		2,935.	RE	CEIVED	1	
_	13	Compensation of officers, di									10	
	14	Other employee salaries				<u></u>		8	DA A	V 1 / 2012	1181	
es	15	Pension plans, employed						- 8 	 ₩A	Y 1 & 2012 -		-
Jse		Legal fees (attach sched			-			- 			118	
and Administrative Expens		Accounting fees (attach							00	DEN UT	, 	
Ж		Other professional fees							1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	+	· · · ·
Уe		•	-		- · - · · · ·				<u> </u>		+	
rat	17	Interest					<u> </u>				+	
ist	18	•	Taxes (attach schedule) (see instructions)								 	
턀	19	Depreciation (attach sch							<u> </u>		+	
٨d	20	Occupancy							ļ		+	
٦	21	Travel, conferences, and									+	···
Jai	22	Printing and publications							ļ		+	
ing	23	Other expenses (attach:									-	
Operating	24	Total operating and adr		enses.		_						
þe		Add lines 13 through 23	·			0			L			
J	25	Contributions, gifts, gran	nts paid								_	
_	26	Total expenses and disbursem	nents Add lines 24	and 25		0					1	
	27	Subtract line 26 from line	e 12					į				
	а	Excess of revenue over expen	ses and disbursem	ents	1	.,533,861.						
	b	Net investment income	(if negative, er	nter -0-)				2,935.				
	i		-	•								

c Adjusted net income (If negative, enter -0-).

For Paperwork Reduction Act Notice, see instructions.

7232DB 1504

1 Cath - non-interest-bearing 2 Savings and temporary cath investments 287, 263	Р	art/li	Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End o	f year
2 Savings and temporary cash nivestments 2 Accounts reconable 2 Received the Complete inter 2 through 31 2 Investments - Comprete bonds (statch schedule) 2 Investments - Comprete bonds (statch schedule) 3 Investments - Comprete bonds (statch schedule) 4 Investments - Comprete bonds (statch schedule) 5 Investments - Comprete bonds (statch schedule) 6 Investments - Comprete bonds (statch schedule) 7 Investments - Comprete bonds (statch schedule) 8 Investments - Comprete bonds (statch schedule) 8 Investments - Comprete bonds (statch schedule) 9 Investments - Comprete bond	-		<u> </u>	amounts only (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
Accounts receivable	ļ						
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instructions Also, see page 1, item I)		16	Total assets (to be	completed by all filers - see the			
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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) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ▶ 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ▶ 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6 1, 533, 861.	e					1,333,001.	
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) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ▶ 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ▶ 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6 1, 533, 861.	Z			`		1 522 061	
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) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ▶ 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ▶ 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6 1, 533, 861.			Analysis of Che	anges in Not Assets or Fund		1,533,861.	
end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ▶ 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ▶ 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 1 (0) 2 1,533,861.	_					must agree with	
2					, ,,	· I I	,
3 Other increases not included in line 2 (itemize) ▶ 3 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ▶ 5 5 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6 1, 533, 861.			•	07			1 532 063
4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ► 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6 1,533,861.						· · · · · · · · 	1,533,861.
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 1,533,861.				a in line 2 (itemize)		· 	1 533 65
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6 1,533,861.						· · · · · · · · 	1,533,861.
							1 522 044
	<u>6</u>	l otal	net assets or fund bala	ances at end of year (line 4 minus line	5) - Paπ II, column (b), li	ne 30 6	1,533,861.

	2006					····	
2	Total of line 1, column (d)	or the 5-year base period	- duide the total on li		2		
	Average distribution ratio for number of years the found				i	ľ	
4	Enter the net value of nonc	charitable-use assets for 2	011 from Part X, line	5	4		
5	Multiply line 4 by line 3				5		
6	Enter 1% of net investmen	t income (1% of Part I, line	e 27b)		<u>6</u>		
7	Add lines 5 and 6				7		
8	Enter qualifying distribution If line 8 is equal to or gree Part VI instructions	ns from Part XII, line 4 .eater than line 7, check	the box in Part VI, I	ine 1b, and com	plete that	part using a 1% tax	rate. See the

JSA 1E1430 1 000

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 2011?

orm	990-PF (2011) TOMSON FAMILY	FOUNDATION T	RUST		35-69	47483	Page 6
Par	t VII-B Statements Regarding Activities for	Which Form 47	20 May Be Requir	ed (contin	nued)		
5 a	During the year did the foundation pay or incur any amount	to.					
	(1) Carry on propaganda, or otherwise attempt to influence		945(e))?	Yes	X No		
	(2) Influence the outcome of any specific public ele-).			
	directly or indirectly, any voter registration drive?	•	· · · · · · · · · · · · · · · · · · ·	[]	X No		
	(3) Provide a grant to an individual for travel, study, or other			• 🖂 🗀	X No		ľ
	(4) Provide a grant to an organization other than a				٠٠٠ ت		ļ
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (se				X No		
	(5) Provide for any purpose other than religious, ch						
					X No	1	,
	purposes, or for the prevention of cruelty to children or						
D	If any answer is "Yes" to 5a(1)-(5), did any of the		• •	•	scribed in		
	Regulations section 53 4945 or in a current notice regard	•	·		·:	. 5b	
	Organizations relying on a current notice regarding disaster				-		
С	If the answer is "Yes" to question 5a(4), does the		•				
	because it maintained expenditure responsibility for the gra	nt?		. L Yes	No		
	If "Yes," attach the statement required by Regulations section	on 53 4945-5(d)					1
6 a	Did the foundation, during the year, receive any fund	•	• • • • •	s		- I - I	
	on a personal benefit contract?			. Yes	X No		ł
þ	Did the foundation, during the year, pay premiums, directly	or indirectly, on a per	sonal benefit contract?			. 6b	X
	If "Yes" to 6b, file Form 8870				_		
7 a	At any time during the tax year, was the foundation a party	to a prohibited tax she	elter transaction?	. Yes	X No		
b	If "Yes," did the foundation receive any proceeds or have a					. 7b	X
Par	t VIII Information About Officers, Directors	, Trustees, Four	ndation Managers	, Highly Pa	id Emplo	yees,	
1	and Contractors List all officers, directors, trustees, foundation ma	nagers and their co	ompensation (see in	structions)			
•	(a) Name and address	(b) Title, and average	(c) Compensation (If not paid, enter	(d) Contributi		(e) Expens	e account.
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee bene and deferred corr	ofit plans	other allo	wances
ΑŤ	TACHMENT 5		0		þ		0
						-	
2	Compensation of five highest-paid employees	(other than thos	e included on lin	e 1 - see	nstruction	s). If no	ne, enter
	"NONE."		,				
10	Name and address of each employee paid more than \$50,000	(b) Title, and average	(c) Compensation	(d) Contribut employee b	enefit	(e) Expens	e account,
ţa	y Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	plans and do	eferred	other allo	wances
NON	IE.			Compone			
			l o		d		0
					}-		
			,				
			· · · · · · · · · · · · · · · · · · ·				
_		<u> </u>					
Tota	number of other employees paid over \$50,000 .		 			<u>, , , ,</u>	<u> </u>
						Form 990	0-PF (2011)

Form 990-PF (2011			Page 7
Part VIII I	nformation About Officers, Directors, Trustees, Foundation Ma and Contractors (continued)	nagers, Highly Paid Emplo	oyees,
3 Five high	est-paid independent contractors for professional services (see instru	ctions). 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	of others receiving over \$50,000 for professional services	·	
Part IX-A	Summary of Direct Charitable Activities		
	on's four largest direct chantable activities during the tax year include relevant statistical diother beneficiaries served, conferences convened, research papers produced, etc.	information such as the number of	Expenses
1 <u>N/A</u>			
			
2			
3			
			<u> </u>
*			
Part IX-B	Summary of Program-Related Investments (see instructions)		
	largest program-related investments made by the foundation during the tax year on lines 1 and	2	Amount
1 NONE			-
2			
All other program	-related investments See instructions	<u> </u>	
3 NONE			
Total, Add lines	s 1 through 3		
	<u></u>	<u>, , , , , , , , , , , , , , , , , , , </u>	L

Form	990-PF (2011)		Page 8
Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreignsee instructions.)	gn found	ations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	1,246,598.
b	Average of monthly cash balances	1b	287,263.
С	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	1,533,861.
е	Total (add lines 1a, b, and c) Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Cubbrack line 2 from line 4 d	3	1,533,861.
4	Cash deemed held for chantable activities Enter 1 1/2 % of line 3 (for greater amount, see		
	instructions)	4	
5	instructions) Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,510,853.
6	Minimum investment return. Enter 5% of line 5	6	1,858.
Pa	t XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ► X and do not complete this p	art)	
1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2011 from Part VI, line 5		
b	Income tax for 2011. (This does not include the tax from Part VI) 2b] }	
С	Add lines 2a and 2b	2c	
3	Add lines 2a and 2b Distributable amount before adjustments. Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6		6	
7	Distributable amount (see instructions) Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	
Pa	t XII Qualifying Distributions(see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	
b	The state of the s	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
		2	
3	purposes Amounts set aside for specific charitable projects that satisfy the:		
а	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	
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	0
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when ca qualifies for the section 4940(e) reduction of tax in those years	lculating	whether the foundation

Fom	n 990-PF (2011)				Page 9
Pa	rt XIII Undistributed Income (see instru	uctions)			
1	Distributable amount for 2011 from Part XI,	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
2 a	Undistributed income, if any, as of the end of 2011 Enter amount for 2010 only		·		
b	00 00 07				
3	Excess distributions carryover, if any, to 2011				,
а	From 2006				
b	From 2007				
c	From 2008			•	
d	From 2009				
е	From 2010				
f	Total of lines 3a through e				
4	Qualifying distributions for 2011 from Part XII,			,	,
	line 4 ▶ \$, · · · · · · · · · · · · · · · · · · ·		
а	Applied to 2010, but not more than line 2a				
þ	Applied to undistributed income of prior years (Election required - see instructions)	: 			;,
С	Treated as distributions out of corpus (Election required - see instructions)	<u></u>	,		
d	Applied to 2011 distributable amount			,	
e	Remaining amount distributed out of corpus				, , , , , , , , , , , , , , , , , , , ,
5	Excess distributions carryover applied to 2011			<u> </u>	
6	(If an amount appears in column (d), the same amount must be shown in column (a)) Enter the net total of each column as indicated below:		`; . ·-		
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	<u> </u>	,	,' 	<u>'</u>
b	Pnor years' undistributed income Subtract				
С	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				;
е	amount - see instructions Undistributed income for 2010 Subtract line 4a from line 2a Taxable amount - see instructions				
f	Undistributed income for 2011 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2012				
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 2006 not applied on line 5 or line 7 (see instructions)			,	* * * * * * * * * * * * * * * * * * *
9	Excess distributions carryover to 2012.				
	Subtract lines 7 and 8 from line 6a				
10	Analysis of line 9			,	
	Excess from 2007				
b	Excess from 2008		;	,	1,
c d	Excess from 2010	1 		•	
	Excess from 2011				,

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Form 990-PF (2011)

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Pair AV Supplementary information (
3 Grants and Contributions Paid Durin	g the Year or Appr	oved for F	Future Payment	
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	reapient	Contribution	
a Paid dunng the year	or substantial contributor	reapient		
Total	<u> </u>		▶ 3a	
b Approved for future payment				
Total			▶ 3h	i

gross amounts unless otherwise indicated	Unrela	ated business income	Excluded by	section 512, 513, or 514	(e)
rogram service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exemp
•		<u> </u>			(See instructions
			·		
Fees and contracts from government agencies					
embership dues and assessments		 .			
terest on savings and temporary cash investments			14	864.	
ividends and interest from securities			14	2,071.	
et rental income or (loss) from real estate			-		
Debt-financed property Not debt-financed property			+		
et rental income or (loss) from personal property				<u> </u>	
ther investment income	\ -		_		<u> </u>
ain or (loss) from sales of assets other than inventory					
et income or (loss) from special events				-	
ross profit or (loss) from sales of inventory					
ther revenue a					
		·			
		,			
		_ 			
ubtotal Add columns (b), (d), and (e)	to the Ac	complishment of E	xempt Purp	oses	
ubtotal Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcula	to the Ac	complishment of E	xempt Purp	ooses of Part XVI-A contribu	ited importantly to
ubtotal Add columns (b), (d), and (e)	to the Ac	complishment of E	xempt Purp	ooses of Part XVI-A contribu	ited importantly to
ubtotal Add columns (b), (d), and (e)	to the Ac	complishment of E	xempt Purp	ooses of Part XVI-A contribu	ited importantly to
ubtotal Add columns (b), (d), and (e)	to the Ac	complishment of E	xempt Purp	ooses of Part XVI-A contribu	ited importantly to
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ubtotal Add columns (b), (d), and (e)	to the Ac	complishment of E	xempt Purp	ooses of Part XVI-A contribu	ited importantly to
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ubtotal Add columns (b), (d), and (e)	to the Ac	complishment of E	xempt Purp	ooses of Part XVI-A contribu	ited importantly to
ubtotal Add columns (b), (d), and (e)	to the Ac	complishment of E	xempt Purp	ooses of Part XVI-A contribu	ited importantly to
ubtotal Add columns (b), (d), and (e)	to the Ac	complishment of E	xempt Purp	ooses of Part XVI-A contribu	ited importantly to
ubtotal Add columns (b), (d), and (e)	to the Ac	complishment of E	xempt Purp	ooses of Part XVI-A contribu	ited importantly to
ubtotal Add columns (b), (d), and (e)	to the Ac	complishment of E	xempt Purp	ooses of Part XVI-A contribu	ited importantly to
ubtotal Add columns (b), (d), and (e)	to the Ac	complishment of E	xempt Purp	ooses of Part XVI-A contribu	ited importantly to
ubtotal Add columns (b), (d), and (e)	to the Ac	complishment of E	xempt Purp	ooses of Part XVI-A contribu	ited importantly to
ubtotal Add columns (b), (d), and (e)	to the Ac	complishment of E	xempt Purp	ooses of Part XVI-A contribu	ited importantly to
ubtotal Add columns (b), (d), and (e)	to the Ac	complishment of E	xempt Purp	ooses of Part XVI-A contribu	ited importantly to
ubtotal Add columns (b), (d), and (e)	to the Ac	complishment of E	xempt Purp	ooses of Part XVI-A contribu	ited importantly to
ubtotal Add columns (b), (d), and (e)	to the Ac	complishment of E	xempt Purp	ooses of Part XVI-A contribu	ited importantly to
ubtotal Add columns (b), (d), and (e)	to the Ac	complishment of E	xempt Purp	ooses of Part XVI-A contribu	ited importantly to
ubtotal Add columns (b), (d), and (e)	to the Ac	complishment of E	xempt Purp	ooses of Part XVI-A contribu	ited importantly to

Part:	XVII	Information F Exempt Orga		insfers To and	l Transact	ions an	d Relation	ships With Nor	ıchar	itabl	е
		organization direct	tly or indirectly e							Yes	No
		ion 501(c) of the Co ations?	ode (other than s	section 501(c)(3)	organization:	s) or in s	ection 527, r	elating to political			
а	Transfe	ers from the reporting	foundation to a r	noncharitable exe	mpt organiza	tion of					
((1) Ca:	sh							1a(1)		X
		er assets							1a(2)		X
		ransactions:								٠	i
		es of assets to a nor							1b(1)		_X_
		chases of assets fro							1b(2)		_ X
		ntal of facilities, equip							1b(3)		X
		mbursement arrange							1b(4)		_ <u>X</u>
		ins or loan guarantee							1b(5)		X
•		formance of services	•	•	·-				1b(6)		X
		g of facilities, equipm							_1c_		X
		answer to any of th									
		of the goods, other									
		n any transaction o	,	nchantable exempt org							
(a) Lin	e no	(b) Amount involved	(c) Name of no	nchantable exempt org	anization	N/A	cripuon of transfer	s, transactions, and shan	ng arran	gemen	<u>.s</u>
		N/A				11/13					
			 	·							
	-		 			-	_ _		_		
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	\dashv		-		· 						
			 								·
(describ	foundation directly bed in section 501(c)) of the Code (oth					-	Y	es X] No
<u>b</u> I	t "Yes	" complete the follow		(b) Tune of	organization		····	c) Description of relations	h.n		
		(a) Name of organization	Л	(b) Type of	organization			C) Description of relations	пр		
								·			
											
											
											
	Under	penalties of penury, I deci	are that I have examin	ed this return, including	accompanying so	hedules and	statements, and to	the best of my knowledge	e and b	ebef. it	s true
Sign		t, and complete Declaration of	of preparer (other than tax	xpayer) is based on all info	mation of which	preparer has a	any knowledge				
Here		Stomso	n e	15/7/	12	In	ustee		S discus eparer		return
11010		nature of officer or trustee		Date		Title		(see instruction	· 137	Yes	below No
								(000	7.	J L	
		Print/Type preparer's	name	Preparer's signa	ture		Date	Check if	PTIN		
Paid		STACY JANSSEN		1	Yory home		4/30/12	self-employed	P004	5352	8
Prep	arer		PMG LLP		· _			Firm's EIN ▶ 13-5			
Use (Only	Firm's address ▶ 66		NUE, SUITE	2500			<u> </u>			
	-	1	ES MOINES,	IA		50	309-2578	Phone no 515-2	88-74	165	
									om 99		(2011)

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

Schedule of Contributors

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

OMB No 1545-0047

2011

Internal Revenue Service								
Name of the organization		Employ	er identification number					
TOMSON FAMILY FOUNDA	ATION TRUST							
<u></u>		35-6	947483					
Organization type (check one	e)							
Filers of:	Section:							
Form 990 or 990-EZ	501(c)() (enter number) organization							
	4947(a)(1) nonexempt charitable trust not treate	d as a private foundation						
	527 political organization							
Form 990-PF	X 501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private foundation							
	501(c)(3) taxable private foundation							
Note. Only a section 501(c)(7) instructions	overed by the General Rule or a Special Rule.), (8), or (10) organization can check boxes for both the Gene	ral Rule and a Special Rule	e See					
General Rule								
	filing Form 990, 990-EZ, or 990-PF that received, during the one contributor. Complete Parts I and II.	year, \$5,000 or more (in mo	oney or					
Special Rules								
under sections 509(i(3) organization filing Form 990 or 990-EZ that met the 33 1/3 a)(1) and 170(b)(1)(A)(vi) and received from any one contribution or (2) 2% of the amount on (i) Form 990, Part VIII, line d II	utor, during the year, a contr	ribution of					
dunng the year, tota	o(7), (8), or (10) organization filing Form 990 or 990-EZ that re il contributions of more than \$1,000 for use exclusively for oses, or the prevention of cruelty to children or animals. Com	religious, charitable, scienti						
during the year, con not total to more tha year for an exclusive	(7), (8), or (10) organization filing Form 990 or 990-EZ that retributions for use exclusively for religious, charitable, etc., pin \$1,000. If this box is checked, enter here the total contributely religious, charitable, etc., purpose. Do not complete any of itzation because it received nonexclusively religious, charitable.	urposes, but these contributions that were received during the parts unless the Gerle, etc., contributions of \$5,0	tions did ing the neral Rule 000 or					
Caution. An organization that	is not covered by the General Rule and/or the Special Rules	does not file Schedule B (Fe	orm 990,					
990-EZ, or 990-PF), but it mus	st answer "No" on Part IV, line 2, of its Form 990, or check th F, to certify that it does not meet the filing requirements of So	ne box on line H of its Form	990-EZ or on					
For Paperwork Reduction Act Notice	s, see the Instructions for Form 990, 990-EZ, or 990-PF	Schedule B (Form 990	, 990-EZ, or 990-PF) (2011)					

Name of organization TOMSON FAMILY FOUNDATION TRUST

Employer identification number 35-6947483

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1 _	O. JAY TOMSON 12 BRIARSTONE COURT MASON CITY, IA 50401-4647	\$1,148,970.	Person X Payroli X Noncash X (Complete Part II if there is a noncash contribution)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2 _	PATRICIA TOMSON 12 BRIARSTONE COURT MASON CITY, IA 50401-4647	\$131,956.	Person X Payroll X Noncash X (Complete Part II if there is a noncash contribution)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3 _	O. JAY TOMSON 12 BRIARSTONE COURT MASON CITY, IA 50401-4647	\$250,000.	Person X 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 Payroli Noncash (Complete Part II if there is a noncash contribution.)		

Employer identification number

35-6947483

Part II	Noncash Property (see instructions). Use duplicate copies of Part 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	
1	VARIOUS SECURITIES			
		\$ 1,148,970.	12/23/2011	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
2	VARIOUS SECURITIES	_		
		\$\$	12/23/2011	
(a) No. from Part 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	
		_		
(a) No. from Part 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	
			0 000 E7 or 000 DE\ (2044)	

Employer identification number

				35-6947483
t	Exclusivel y eligious, charitable, etc., in hat total more than \$1,000 for the year	 Complete columns (a) 	through (e) an	d the following line entry.
C	For organizations completing Part III, enterontributions of \$1,000 or less for the year Jse duplicate copies of Part III if addition	ear. (Enter this information	religious, chari n once. See in:	table, etc , structions.) ▶\$
(a) No.	Dise duplicate copies of Part III II addition	iai space is needed.		····
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
1			}	
			_	
		(e) Transfer of gift		
	Transferee's name, address, and	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
				
´——				
		<u> </u>		·
		(e) Transfer of gift		
		71D . 4	B-4-41	
	Transferee's name, address, and a	ZIP + 4	Kelationship	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			
		TID . 4	-	
	Transferee's name, address, and a	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			
		TID . 4	.	
	Transferee's name, address, and a	LIP + 4	Relationship	of transferor to transferee
				

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

FORM 990PF, PART I - INTEREST ON TEMPORARY CASH INVESTMENTS

NET INVESTMENT INCOME	864.	864.
REVENUE AND EXPENSES PER BOOKS	864.	864.
		TOTAL
DESCRIPTION	FIRST CITIZENS NATIONAL BANK	

ATTACHMENT 1 PAGE 18

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SECURITIES	
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DIVIDENDS	
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PART	
FORM 990PF,	
•	•

NET INVESTMENT INCOME	2,071.	2,071.
REVENUE AND EXPENSES PER BOOKS	2,071.	2,071.
		TOTAL
DESCRIPTION	DIVIDENDS	

ATTACHMENT 2 PAGE 19

35-6947483

TOMSON FAMILY FOUNDATION TRUST

- CORPORATE STOCK PART II FORM 990PE,

ENDING ENDING ENDING ENDING ENDING ENDING

35-6947483

FORM 990PF, PART II - CORPORATE STOCK

ENDING <u>FMV</u>	2,973. 2,907. 13,050. 13,050. 3,380. 3,200. 10,095. 19,411. 1,017. 3,840. 19,411. 1,017. 5,000. 1,017. 1,924. 1,924. 6,573. 1,924. 6,573.
ENDING BOOK VALUE	2,973. 2,907. 13,089. 10,095. 10,095. 10,095. 10,411. 1,017. 5,431. 1,924. 1,924. 1,924. 6,573. 10,609.
DESCRIPTION	EXPEDIA, INC EXXON MOBIL CORP FIFTH THIRD BANK FORD MOTOR COMPANY GENERAL ELEC CO COM GENERAL MILLS GOOGLE INC CLASS A HEWLETT PACKARD CO COM HOME DEPOT INC INTL BUSINESS MACHINES ISHARE MSCI EAFE FUND ISHARE DOW JONES CONSUMER CYCL ISHARE DOW JONES UTILITIES ISHARE DOW JONES TELECOM ISHARE DOW JONES TECH ISHARE DOW JONES TECH ISHARE DOW JONES TECH ISHARE DOW JONES HEALTHCARE ISHARE DOW JONES HEALTHCARE ISHARE DOW JONES HEALTHCARE ISHARE DOW JONES BASIC MATERIA ISHARE DOW JONES BASIC MATERIA ISHARE S&P SMALLCAP 600 GROWTH JP MORGAN CHAE & CO JOHNSON & JOHNSON COM KIMBERLY CLARK CORP

35-6947483

ATTACHMENT 3 (CONT'D)

OPF, PART II - CORPORATE STOCK

FORM 990PE,

ENDING <u>FMV</u>	8,043. 2,739. 10,620. 10,620. 10,620. 11,953. 11,953. 11,953. 11,953. 11,953. 12,881. 16,384. 16,384. 10,488. 10,488. 10,488. 10,488.
ENDING BOOK VALUE	8,043. 2,739. 6,017. 5,620. 5,469. 8,173. 3,777. 3,777. 12,881. 16,384. 10,486. 10,488. 2,616. 2,616.
DESCRIPTION	LOCKHEED MARTIN MACY'S INC MARATHON OIL CORP COM MATTEL INC MCDONALDS CORP MCDONALDS CORP MERCK & CO INC COM MICROSOFT CORP NATIONAL OILWELL VARCO INC NESTLES A SPONSORED ADR NEWMONT MINING CORP NIKE INC CL B ON SEMICONDUCTOR CORP ORACLE CORP COM PACWEST BANCORP DEL PARKER-HANNIFIN CORP PFIZER INC QUALCOMM INC RAYTHEON COMPANY NEW RAYNOLDS AMERN INC SCHLUMBERGER LIMITED COM SEACOAST BK CORP FLA SIMON PPTY GROUP INC STATOILHYDRO ASA SPONSORED ADR SYMANTEC 3M CO TRINITY INDUSTRIES INC TRIPADVISOR INC

35-6947483

ATTACHMENT 3 (CONT'D)

FORM 990PF, PART II - CORPORATE STOCK

OFSCRIPTION	ENDING BOOK VALUE
INTON PACIFIC CORP	38,333
UNITED PARCEL SERVICE (UPS)	2,567
UNITED TECHNOLOGIES CORP	6,282
ETF VANGUARD EMERGING MARKETS	80,080
VERIZON COMMUNICATIONS INC	7,095
WELLS FARGO & CO	59,110
WISCONSIN ENERGY CORP	4,459
ACCENTURE PLC	5,369

TOTALS

ENDING <u>EMV</u>	38,333. 2,567. 6,282. 80,080. 7,095. 59,110. 4,459. 5,369.	1,246,598.
ENDING BOOK VALUE	38,333. 2,567. 6,282. 80,080. 7,095. 59,110. 4,459. 5,369.	1,246,598.

CONTRIBUTORS
SUBSTANTIAL
NEW
9
LINE
PART VII-A,
PART
990PE,
FORM

DIRECT PUBLIC SUPPORT	
DATE	
NAME AND ADDRESS	

1,148,970. 12/23/2011 O. JAY TOMSON 12 BRIARSTONE COURT MASON CITY, IA 50401-4647

PATRICIA TOMSON 12 BRIARSTONE COURT MASON CITY, IA 50401-4647

TOTAL CONTRIBUTION AMOUNTS

1,280,926.

131,956.

ATTACHMENT 4 PAGE 24

, n	0	0	0
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS			
COMPENSATION	0	0	0
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	PRESIDENT/SECRETARY	VICE PRESIDENT	GRAND TOTALS

PATRICIA A. TOMSON 2601 FOURTH STREET SW MASON CITY, IA 50401

O. JAY TOMSON 2601 FOURTH STREET SW MASON CITY, IA 50401

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TOMSON FAMILY FOUNDATION TRUST	35-694
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FORM 990PF, PART XV - NAME, ADDRESS AND PHONE FOR APPLICATIONS

2601 FOURTH STREET SW MASON CITY, IA 50401 641-423-1600

TOMSON FAMILY FOUNDATION TRUST

35-6947483

ATTACHMENT

990PF, PART XV - RESTRICTIONS OR LIMITATIONS ON AWARDS

THE REQUESTS MUST BE EXCLUSIVELY FOR EDUCATIONAL, SCIENTIFIC, AND CHARTIABLE PURPOSES WITH THE MEANING OF SECTION 501(C)(3) OF THE CODE.