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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 2011

		endar year 2011 or tax year beginning				, 2011,	and endin	g		, 20
١	Name	of foundation FRANCES BANE CROCKE	TT	ANI	H PAUL			A	Employer identific	ation number
	CROC	CKETT TRUST							41-644687	3
	Numb	er and street (or P O box number if mail is not delive	red to	stree	t address)		Room/suite	; E	3 Telephone numbe	•
									(61	2) 722-4339
	5224	1 17TH AVENUE SOUTH								
(City o	r town, state, and ZIP code								_
								٥	 If exemption applicat pending, check here 	ion is
_ :	MINN	NEAPOLIS, MN 55417							, , , ,	_
G	Che	ck all that apply Initial return			Initial return	of a former p	oublic charit	у с	1. Foreign organizati	ons, check here
		Final return		Ш	Amended ref	turn			2. Foreign organizati	
		· Address change			Name change	e			85% test, check he computation	
H	Che	ck type of organization $[X]$ Section 501	(c)(3) ex	empt private f	oundation			If private foundation	status was terminated —
\perp	S	ection 4947(a)(1) nonexempt charitable trust			ner taxable pr			_ ՝	under section 507(b)	- I
i	Fair	, —		-	nethod: C	ash LX Acc	rual	F	If the foundation is	in a 60-month termination
	-	· · · · · · · · · · · · · · · · · · ·			ecify)			_	under section 507(b)	(1)(B), check here . 🕨
	16)	<u> </u>	colu	ımn	(d) must be on	cash basis.)				
Ġ	art I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d)	1	(a) R	evenue and	(b) Net inve	estment	(c)	Adjusted net	(d) Disbursements for charitable
		may not necessarily equal the amounts in	•	èxp	enses per	incom		(-,	income	purposes
_		column (a) (see instructions))			books					(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)			6,781.					
	2	Check Lift the foundation is not required to attach Sch B	ļ							
	3	Interest on savings and temporary cash investments	<u> </u>		6 051		6 051		6 051	350 4
	4	Dividends and interest from securities	ļ		6,851.		6,851.		6,851.	ATCH 1
	5 a	Gross rents	ļ		- -					
	b	Net rental income or (loss)	<u> </u>		2,280.					
an		Net gain or (loss) from sale of assets not on line 10 Gross sales pince for all 469 . 014	<u> </u>		2,280.					
'en	1	assets on line 6a					2,280.			
Revenue		Capital gain net income (from Part IV, line 2) .					2,200.		-	
	8	Net short-term capital gain								
	9 10 a	Income modifications								
		and allowances								
	b	Less Cost of goods sold	ပ္တ							
	C	Gross profit or (loss) (attach schedule) 2012. Other income (attach schedule)	O S							
	11	Total. Add lines 1 through 11	K	1	15,912.		9,131.		6,851.	-
_				\						
	14	Compensation of officers, directors in sites, et. \(\) Other employee salaries and wages		j					-	
es	15	Pension plans, employee benefits	 							
ens	16a									
ă	ь	Legal fees (attach schedule)			970.		970.			970.
e E		Other professional fees (attach schedule)								
aţi,	17	Interest								
str	18	Taxes (attach schedule) (see instructions)	1		198.		39.			
Ē	19	Depreciation (attach schedule) and depletion								
Εþ	20	Occupancy						•		
ΑÞ	21	Travel, conferences, and meetings								
ă	22	Printing and publications								
ng	23	Other expenses (attach schedule) ATCH 4			20.		20.			
Operating and Administrative Expenses	24	Total operating and administrative expenses.								
bei		Add lines 13 through 23			1,188.		1,029.			970.
0	25	Contributions, gifts, grants paid			15,750.					15,750.
	26	Total expenses and disbursements Add lines 24 and 25			16,938.		1,029.		0	16,720.
	27	Subtract line 26 from line 12								
	a	Excess of revenue over expenses and disbursements			-1,026.					
	b	Net investment income (if negative, enter -0-)					8,102.			
	C	Adjusted net income (if negative, enter -0-)	<u> </u>			1			6,851.	

Ð	art II	Attached schedules and amounts in the Balance Sheets description column should be for end-of-year	Beginning of year	Enc	of year
_		amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing		<u>_</u>	
		Savings and temporary cash investments	3,555.	4,398	4,398
		Accounts receivable			
		Less allowance for doubtful accounts ▶			
		Pledges receivable		-	
		Less allowance for doubtful accounts ▶			
		Grants receivable			
		Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			
		Other notes and loans receivable (attach schedule)			
		Less allowance for doubtful accounts ▶			
		Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
SS		Investments - U S and state government obligations (attach schedule)			
1		Investments - corporate stock (attach schedule)	68,420.	68,420	72,673
		Investments - corporate stock (attach schedule)	00,1201		12,013
		Investments - land, buildings, and equipment basis			
		(attach schedule)		<u>-</u> -	
		Investments - mortgage loans	146,843.	144,974	215 020
	13 14	Investments - other (attach schedule)	140,043.	144, 5/4	. 215,938
		equipment basis Less accumulated depreciation			
		(attach schedule)			
		Other assets (describe)			
		Total assets (to be completed by all filers - see the	210 010	217 702	000 000
_		Instructions Also, see page 1, item I)	218,818.	217,792	. 293,009
		Accounts payable and accrued expenses	15 000	15 000	4
		Grants payable	15,000.	15,000	-
abilities	19	Deferred revenue			
Ħ	20	Loans from officers, directors, trustees, and other disqualified persons			_
ä		Mortgages and other notes payable (attach schedule)			
_	22	Other liabilities (describe			
_		Total liabilities (add lines 17 through 22)	15,000.	15,000	<u>.</u>
	i	Foundations that follow SFAS 117, check here ▶ and complete lines 24 through 26 and lines 30 and 31.			
ces	24	Unrestricted			_
ă	25	Temporarily restricted			
Ba	26	Permanently restricted			
ם	ĺ	Foundations that do not follow SFAS 117,			
교		check here and complete lines 27 through 31. $\triangleright X$			
6	27	Capital stock, trust principal, or current funds	202,074.	201,048	
sts	28	Paid-in or capital surplus, or land, bldg , and equipment fund			7
SS	29	Retained earnings, accumulated income, endowment, or other funds	1,744.	1,744	.]
۲	30	Total net assets or fund balances (see instructions)	203,818.	202,792	7
ž	31	Total liabilities and net assets/fund balances (see			7
		instructions)	218,818.	217,792	
P	art II	Analysis of Changes in Net Assets or Fund I	Balances		
		net assets or fund balances at beginning of year - Part		must agree with	
		of-year figure reported on prior year's return)	, ,	<u> </u>	203,818.
2		r amount from Part I, line 27a			-1,026.
					, , , , ,
		lines 1, 2, and 3			202,792.
		eases not included in line 2 (itemize)			1
		net assets or fund balances at end of year (line 4 minus l	ine 5) - Part II, column (b)		202,792.

Form 990-PF (2011)

	d describe the kind(s) of property sold ((b) How acquired P-Purchase	(c) Date acquired (mo, day, yr)	(d) Date so (mo , day,)
SEE PART IV SCHE	DULE	sns. MLC Co)	D-Donation	(IIIO, day, yi)	
)					
<u>, </u>					
1			1		
)					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) mini	
1)			<u> </u>		
				*	
j					
	showing gain in column (h) and owne	d by the foundation on 12/31/69	Δ.) Gains (Col. (h) g	ain minue
(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		(k), but not less Losses (from co	than -0-) or
3					
o			-		· · · · · · ·
d					
•					
Capital gain net income or	(not capital loce)	gain, also enter in Part I, line 7 (loss), enter -0- in Part I, line 7	2		2,280
Net short-term capital dair	יי ا or (loss) as defined in sections 12		- +		
	rt I, line 8, column (c) (see inst				
			` ₃		
For optional use by domestic section 4940(d)(2) applies,	c private foundations subject to th	duced Tax on Net Investment e section 4940(a) tax on net inves	tment inc	,	Yes X
For optional use by domestic section 4940(d)(2) applies, as the foundation liable for "Yes," the foundation does	c private foundations subject to the leave this part blank. the section 4942 tax on the distribution of qualify under section 4940(e).	duced Tax on Net Investment e section 4940(a) tax on net inves outable amount of any year in the to Do not complete this part	tment inc	od?	Yes X
section 4940(d)(2) applies, /as the foundation liable for "Yes," the foundation does Enter the appropriate am	c private foundations subject to the leave this part blank. the section 4942 tax on the distribution of qualify under section 4940(e), ount in each column for each year	e section 4940(a) tax on net investoutable amount of any year in the loon of complete this part	tment inc	od?	Yes X
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. 4b X

b If "Yes," did it have excess business holdings in 2011 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the

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

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Form 990-PF (2011)

FRANCES BANE CROCKETT AND H PAUL

Form 990-PF (2011)	Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employ and Contractors (continued)	yees,
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE	"
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	
Total number of others receiving over \$50,000 for professional services	
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct chantable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficianes served, conferences convened, research papers produced, etc.	Expenses
1 11 EDUCATIONAL SCHOLARSHIPS TO HIGH SCHOOL SENIORS	
FOR POST HIGH SCHOOL EDUCATION.	15,750
2 ACCOUNTING FEES CHARGED FOR PREPARATION OF 990 PF	13,730
	07.0
3	970
4	
Part IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NONE	
2	
All other program-related investments. See instructions	
3 NONE	

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ra	see instructions.)	jii louli	dations,
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	295,956.
b	Average of monthly cash balances	1b	
С	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	295,956.
е	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		3	295,956.
1	Subtract line 2 from line 1d Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		·
		4	4,439.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	291,517.
3	Minimum investment return. Enter 5% of line 5	6	14,576.
D.	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating		21,0.0.
	foundations and certain foreign organizations check here and do not complete this p	art.)	
	Minimum investment return from Part X, line 6	1	14,576.
·	Tax on investment income for 2011 from Part VI, line 5 2a 81.		11,3.0.
b		-	
		2-	81.
, .	Add lines 2a and 2b Distributable amount before adjustments Subtract line 2c from line 1	2c	14,495.
•		3 4	14,493.
+	Recoveries of amounts treated as qualifying distributions		14,495.
•	Add lines 3 and 4	5	14,495.
7	Deduction from distributable amount (see instructions) Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,	6	
•		_ 1	14 405
	line 1	7	14,495.
Pa	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a		1a	16,720.
b	D IND	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.		
-	DUTDOSAS	2	
3	Amounts set aside for specific charitable projects that satisfy the:	-	P
a	, , , , , , , , , , , , , , , , , , , ,	3a	
b		3b	
4		4	16,720.
+ 5	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	+	10,720.
3	` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	_	0.1
	Enter 1% of Part I, line 27b (see instructions)	6	81. 16,639.
6	Adjusted qualifying distributions. Subtract line 5 from line 4		
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when call qualifies for the section 4940(e) reduction of tax in those years.	culating	wnether the foundation

Form 990-PF (2011)

Рa	rt XIII Undistributed Income (see instru	ctions)			
		(a)	(b)	(c)	(d)
1	Distributable amount for 2011 from Part XI,	Corpus	Years prior to 2010	2010	2011
	line 7				14,495.
2	Undistributed income, if any, as of the end of 2011				
a	Enter amount for 2010 only				
b	Total for pnor years 20 09 .20 08 .20 07				
3	Excess distributions carryover, if any, to 2011				
а	From 2006				
	From 2007	,			
	From 2008				
	From 2009 3,879.				
	From 2010 1,897.				
	Total of lines 3a through e	22,833.			
4	Qualifying distributions for 2011 from Part XII,				
	line 4 ▶ \$16,720.				
а	Applied to 2010, but not more than line 2a				
b	Applied to undistributed income of prior years				
	(Election required - see instructions)				
С	Treated as distributions out of corpus (Election				
	required - see instructions)				
d	Applied to 2011 distributable amount				14,495.
е	Remaining amount distributed out of corpus	2,225.		· · · · · · · · · · · · · · · · · ·	
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				
	indicated below:				
а	Corpus. Add lines 3f, 4c, and 4e Subtract line 5	25,058.			
b	Prior years' undistributed income Subtract				
	line 4b from line 2b	·			
C	Enter the amount of prior years' undistributed income for which a notice of deficiency has been				
	issued, or on which the section 4942(a) tax has				
	been previously assessed				
d	Subtract line 6c from line 6b Taxable				
_	amount - see instructions				
e	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	17,057.			
	applied on line 5 or line 7 (see instructions)	17,037.			
9	Excess distributions carryover to 2012.	8,001.			
	Subtract lines 7 and 8 from line 6a	0,001.			
	Analysis of line 9				
	Excess from 2007				
	Excess from 2008				
	2,000				
	Excess from 2011 2,225.				Form 990-PF (2011)

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

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

ATTACHMENT 5

c Any submission deadlines:

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

JSA 1E1490 1 000 136160 L985 Form 990-PF (2011)

Page 11

Part XV Supplementary Information	(continued)			
3 Grants and Contributions Paid Dur Recipient Name and address (home or business)	ing the Year or Appr	oved for F	uture Payment	
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	Amount
a Paid during the year				
		ļ		
ATTACHMENT 6				
		ļ		
		Ì		1
		-		
				İ
		1		
]	
		<u> </u>		
		<u> </u>	<u> </u>	
Total	 			15,750
b Approved for future payment				
ATTACHMENT 7		-		
			}	
		+	<u> </u>	
		<u> </u>	1	
			Ì	Ì
Total			▶ 3b	15,000
				5 000 PF (00)

Page **12**

er gross amounts unless otherwise indicated	Unrela	ated business income	Excluded by	section 512, 513, or 514	(e)
	(a)	(b)	(c)	(d)	Related or exemp function income
Program service revenue	Business code	Amount	Exclusion code	Amount	(See instructions
a					
b					
c					
d					· · · · · · · · · · · · · · · · · · ·
e					
f					
g Fees and contracts from government agencies					
Membership dues and assessments			<u> </u>		
nterest on savings and temporary cash investments			14	6,851.	
Dividends and interest from securities			14	0,031.	
Net rental income or (loss) from real estate.					
a Debt-financed property					
Not debt-financed property	P.				
Net rental income or (loss) from personal property .	L				
Other investment income	1	<u> </u>	 	2,280.	
Gain or (loss) from sales of assets other than inventory	/	<u> </u>	- 	2,200.	
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory			+		
Other revenue a					
·					
d					
		***		0 131	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcart XVI-B Relationship of Activities ne No. Explain below how each activities	culations) s to the Act	complishment of E	xempt Purp	oses e) of Part XVI-A contribu	uted importantly to
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculated and the substitutions of Activities.	culations) s to the Act	complishment of E	xempt Purp	oses e) of Part XVI-A contribu	uted importantly to
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculate XVI-B Relationship of Activities ne No. Explain below how each activities	culations) s to the Act	complishment of E	xempt Purp	oses e) of Part XVI-A contribu	uted importantly to
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculated and the No. Explain below how each activities.	culations) s to the Act	complishment of E	xempt Purp	oses e) of Part XVI-A contribu	uted importantly to
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculated and the No. Explain below how each activities.	culations) s to the Act	complishment of E	xempt Purp	oses e) of Part XVI-A contribu	uted importantly to
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculated a	culations) s to the Act	complishment of E	xempt Purp	oses e) of Part XVI-A contribu	uted importantly to
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calce rt XVI-B Relationship of Activities ne No. Explain below how each activities	culations) s to the Act	complishment of E	xempt Purp	oses e) of Part XVI-A contribu	uted importantly to
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calce rt XVI-B Relationship of Activities ne No. Explain below how each activities	culations) s to the Act	complishment of E	xempt Purp	oses e) of Part XVI-A contribu	uted importantly to
Subtotal Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calce rt XVI-B Relationship of Activities le No. Explain below how each activities	culations) s to the Act	complishment of E	xempt Purp	oses e) of Part XVI-A contribu	uted importantly to
Subtotal Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calce rt XVI-B Relationship of Activities ne No. Explain below how each activities	culations) s to the Act	complishment of E	xempt Purp	oses e) of Part XVI-A contribu	uted importantly to
Subtotal Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calce rt XVI-B Relationship of Activities le No. Explain below how each activities	culations) s to the Act	complishment of E	xempt Purp	oses e) of Part XVI-A contribu	uted importantly to
Subtotal Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calce rt XVI-B Relationship of Activities le No. Explain below how each activities	culations) s to the Act	complishment of E	xempt Purp	oses e) of Part XVI-A contribu	uted importantly to
Subtotal Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calce rt XVI-B Relationship of Activities le No. Explain below how each activities	culations) s to the Act	complishment of E	xempt Purp	oses e) of Part XVI-A contribu	uted importantly to
Subtotal Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calce rt XVI-B Relationship of Activities ne No. Explain below how each activities	culations) s to the Act	complishment of E	xempt Purp	oses e) of Part XVI-A contribu	uted importantly to
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calce rt XVI-B Relationship of Activities ne No. Explain below how each activities	culations) s to the Act	complishment of E	xempt Purp	oses e) of Part XVI-A contribu	uted importantly to
Subtotal Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calce rt XVI-B Relationship of Activities ne No. Explain below how each activities	culations) s to the Act	complishment of E	xempt Purp	oses e) of Part XVI-A contribu	uted importantly to
Subtotal Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calce rt XVI-B Relationship of Activities ne No. Explain below how each activities	culations) s to the Act	complishment of E	xempt Purp	oses e) of Part XVI-A contribu	uted importantly to
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calce rt XVI-B Relationship of Activities ne No. Explain below how each activities	culations) s to the Act	complishment of E	xempt Purp	oses e) of Part XVI-A contribu	uted importantly to
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calce rt XVI-B Relationship of Activities ne No. Explain below how each activities	culations) s to the Act	complishment of E	xempt Purp	oses e) of Part XVI-A contribu	uted importantly to
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculated a	culations) s to the Act	complishment of E	xempt Purp	oses e) of Part XVI-A contribu	uted importantly to
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calce rt XVI-B Relationship of Activities ne No. Explain below how each activities	culations) s to the Act	complishment of E	xempt Purp	oses e) of Part XVI-A contribu	uted importantly to
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculated a	culations) s to the Act	complishment of E	xempt Purp	oses e) of Part XVI-A contribu	uted importantly to
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculat XVI-B Relationship of Activities ne No. Explain below how each activities	culations) s to the Act	complishment of E	xempt Purp	oses e) of Part XVI-A contribu	uted importantly to
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculated and the No. Explain below how each activities.	culations) s to the Act	complishment of E	xempt Purp	oses e) of Part XVI-A contribu	uted importantly to
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculate XVI-B Relationship of Activities ne No. Explain below how each activities	culations) s to the Act	complishment of E	xempt Purp	oses e) of Part XVI-A contribu	uted importantly to
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculated and the columns (b). Relationship of Activities (b). Explain below how each activities (c).	culations) s to the Act	complishment of E	xempt Purp	oses e) of Part XVI-A contribu	uted importantly to

V 11-5

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

1	Did the	e organization directl	ly or indired	ctly eng	age in any of th	e following	with	any other orga	nization described		Yes	No
		ion 501(c) of the Co										
		zations?										
а	Transfe	ers from the reporting	g foundatio	n to a n	oncharitable ex	empt organi	ization	of:				l
	(1) Cash								1a(1)		X	
		ner assets								1a(2)		Х
b		transactions:										
	(1) Sal	les of assets to a nor	ncharitable	exempt	organization					16(1)		Х
		rchases of assets fro								1b(2)		X
	(3) Re	ntal of facilities, equi	pment, or o	ther ass	ets					1b(3)		X
		imbursement arrange								1b(4)		X
	(5) Loa	ans or Ioan guarantee	es							1b(5)		X
	(6) Pe	rformance of service	s or memb	ership o	r fundraising sol	icitations .				1b(6)		X
		g of facilities, equipm								1 c		X
d		answer to any of th										
		of the goods, other a										
	value	in any transaction or	r				_					
(a) L	ine no	(b) Amount involved	(c) Name	e of nonch	naritable exempt orga	anization			ers, transactions, and shar	ng arra	ngeme	nts
							N/F	4				
									·			
									···			
								_				
			 									
					- -							
	+									-		
		1.9										
							-					
		·										
	ls the	foundation directly	or indirectly	v affiliat	ed with or rela	ated to one	e or m	nore tax-exemp	t organizations			
		bed in section 501(c)								T Y	es X	No
b		s," complete the follo				X-7X-77						
		(a) Name of organization			(b) Type of o	rganization			(c) Description of relations	ship		
		er penalties of perjury, I declaration of	are that I have	examined than taxnay	this return, including a	ccompanying so	nedules :	and statements, and that any knowledge	to the best of my knowledg	ge and b	elief, it	is true,
Sig	n S		1	,-t-		_	.		May the IRS	o discus	s this	retum
Her	e 🔼	Vau/Ban	(roof	м_	Ju/431	12012	La	or Truster	with the pr			below
	Sig	nature of officer or trustee	•		Date		Title		(see instruction	s)?	Yes	No.
								I Dete		ייודר		
Paid	d	Print/Type preparer's			Preparer's signati	urg , r		Date		POOT	0==	
	- parer	PAUL R. CHRIS			Taul RC	woulder	yen	7/30/2	self-employed)2
	-	T 11111 0 1101110 7			SHIDELL &		LLP	· · · · · · · · · · · · · · · · · · ·	Firm's EIN ▶ 41-0	9415	92	
USE	Only				AVENUE N.	#300		E E 1 0 C	- (53.4	00 -	C00	
		ST	PAUL,	MN				55126	Phone no 651-4			
									F	om 99	0-PF	(2011)

Schedule B

(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service
Name of the organization

Schedule of Contributors

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

OMB No 1545-0047

FRANCES BANE CROCKETT . CROCKETT TRUST	AND H PAUL	41-6446873					
Organization type (check one).		41-0440073					
Filers of:	Section:						
Form 990 or 990-EZ	501(c)() (enter number) organization						
{	4947(a)(1) nonexempt charitable trust not treated as a private fou	ndation					
ſ	527 political organization						
Form 990-PF	X 501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundat	ion					
	501(c)(3) taxable private foundation						
Note. Only a section 501(c)(7), (8 instructions. General Rule	ared by the General Rule or a Special Rule . b), or (10) organization can check boxes for both the General Rule and a Society of the General Rule and Action Rul						
	contributor Complete Parts I and II.	, more (in morely cr					
Special Rules							
under sections 509(a)(1	organization filing Form 990 or 990-EZ that met the 33 1/3 % support to and 170(b)(1)(A)(vi) and received from any one contributor, during the 0 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form	e year, a contribution of					
during the year, total co	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						
during the year, contribution on total to more than \$ year for an exclusively reapplies to this organizate.	(8), or (10) organization filing Form 990 or 990-EZ that received from a utions for use <i>exclusively</i> for religious, charitable, etc., purposes, but the 1,000. If this box is checked, enter here the total contributions that were eligious, charitable, etc., purpose Do not complete any of the parts unlession because it received nonexclusively religious, charitable, etc., contributions.	ese contributions did e received during the es the General Rule					
990-EZ, or 990-PF), but it must ar	ot covered by the General Rule and/or the Special Rules does not file Sonswer "No" on Part IV, line 2, of its Form 990; or check the box on line Hoto certify that it does not meet the filing requirements of Schedule B (For	of its Form 990-EZ or on					

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)

Name of organization FRANCES BANE CROCKETT AND H PAUL CROCKETT TRUST

Employer identification number 41-6446873

Part I	Contributors	(see instructions).	Use duplicate copies of	Part I if additional space is needed.
--------	--------------	---------------------	-------------------------	---------------------------------------

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1 _	PAUL CROCKETT 5224 17TH AVENUE SOUTH MINNEAPOLIS, MN 55417	\$6,781.	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

Name of organization FRANCES BANE CROCKETT AND H PAUL CROCKETT TRUST

Employer identification number

41-6446873

Part II Nonc	ash Property (see instructions). Use duplicate copies	s of Part II if additional space is ne	eded.
(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
		\$	
(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
		 \$	

ne of organi	zation FRANCES BANE CROCKETT	AND H PAUL		Employer identification number
,	CROCKETT TRUST			41-6446873
till <i>Exc.</i> that	<i>lusively</i> religious, charitable, etc. t total more than \$1,000 for the y	individual contribution ear. Complete columns	s to section 501((a) through (e) ar	c)(7), (8), or (10) organizations nd the following line entry.
	organizations completing Part III, e	•	• •	_
con	tributions of \$1,000 or less for the	year. (Enter this inform	ation once. See ir	nstructions.) ▶\$
Use	duplicate copies of Part III if addition	onal space is needed.		
No.	40.0	(-) 11		(d) Description of how wife in head
rom art I	(b) Purpose of gift	(c) Use of git	,τ	(d) Description of how gift is held
_		<u></u>		
-		(a) Transfer of	-:	
		(e) Transfer of	giit	
	Transferee's name, address, a	nd ZIP + 4	Relationsh	ip of transferor to transferee
-				
-				
-				
No.	(b) Purpose of gift	(c) Use of gi	ft	(d) Description of how gift is held
art I	(b) r arpose or give	(0, 000 0. g.		(a) Decemption of now gire is not
_				
			-	
-				
\vdash		(e) Transfer of	aift	
		(-,	5	
	Transferee's name, address, a	nd ZIP + 4	Relationsh	ip of transferor to transferee
_				
_				
) No.		<u> </u>		
rom art I	(b) Purpose of gift	(c) Use of gr	ft	(d) Description of how gift is held
aiti				
-				
-				
		(e) Transfer of	gift	
<u> </u>	Transferee's name, address, a	nd ZIP + 4	Relationsh	ip of transferor to transferee
-				
-		i		
-				
) No.				
rom art I	(b) Purpose of gift	(c) Use of gi	ft	(d) Description of how gift is held
_				
_			_	
		1		

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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

PART I - DIVIDENDS AND INTEREST FROM SECURITIES FORM 990PF,

ADJUSTED NET INCOME	6,850. 1.	6,851.
NET INVESTMENT INCOME	6,850. 1.	6,851.
REVENUE AND EXPENSES PER BOOKS	6,850. 1.	6,851.
		TOTAL
DESCRIPTION	DIVIDENDS INTEREST	

ATTACHMENT 1 PAGE 20

FORM 990PF, PART I - ACCOUNTING FEES

CHARITABLE	.070	970.
ADJUSTED NET INCOME		
NET INVESTMENT INCOME	970.	970.
REVENUE AND EXPENSES PER BOOKS	.070.	970.
		TOTALS
DESCRIPTION	PREPARATION OF 990PF	

ATTACHMENT 2 PAGE 21

PART I - TAXES FORM 990PF,

	REVENUE AND EXPENSES	NET INVESTMEI
DESCRIPTION	PER BOOKS	INCOME
FEDERAL TAX	198.	

INVESTMENT	39.	39.
EXPENSES PER BOOKS	198.	198.
		TOTALS

11320

FORM 990PF, PART I - OTHER EXPENSES

	20.	ir ir	TNUESTMENT	TITS FABCO
INCOME	PER BOOKS			DESCRIPTION
INVESTME	EXPENSES			
NET	AND			
	REVENUE			

INVESTMENT	INCOME 20.	20.
EXPENSES	PER BOOKS	20.
		TOTALS

FORM 990-PF - PART IV

Kınd of P	roperty		Desci	ription		P or D	Date acquired	Date sold
Gross sale price less penses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	Adj basis as of 12/31/69	Excess of FMV over adj basis		Gain or (loss)	
periods or sare	anowable	TOTAL CAPIT.			1 24 5200		212.	
							:	
380,939.		WELL FARGO A 378,911.	ADVISORS-SE	E ATTACHED			VAR 2,028.	V
07.063		WELLS FARGO	ADVISORS-S	EE ATTACHED)		VAR	V
87,863.		87,823.					40.	
AL GAIN(L	oss)						2,280.	
			•••••	• • • • • • • • • • •		. ;	2,200.	
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990PF, PART XV - FORM AND CONTENTS OF SUBMITTED APPLICATIONS

INFORMATION REQUESTED ON APPLICATION FORM OBTAINED FROM PRINCIPAL'S OFFICE

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PAID DURING 1
PAID
CONTRIBUTIONS
ANTS AND CC
GRANTS
>
PART X
ORM 990PF,
[14]

AMOUNT	750.	1,500.	1,500.	1,500.	1,500.	1,500.
PURPOSE OF GRANT OR CONTRIBUTION	SCHOLARSHIP	SCHOLARSHIP	SCHOLARSHIP	SCHOLARSHIP	SCHOLARSHIP	SCHOLARSHIP
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	NONE	NONE	NONE	NONE	NONE	NONE
RECIPIENT NAME AND ADDRESS	CHRIS AUSBORN BRITT, IA 50423	BRET WALK BRITT, IA 50423	JOSHUA CHRISTIANS BRITT, IA 50423	JOSHUA ZEIGLER BRITT, IA 50423	NIC NELSON BRITT, IA 50423	TAYLOR FORMANEK BRITT, IA 50423

11320

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AND CONTRIBUTIONS J	
AND	
GRANTS	
X	l
PART	
990PF,	
FORM	

			ATTACHMENT 6 (CONT'D)
	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		•
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
HALEIGH JACKSON BRITT, IA 50423	NONE	SCHOLARSHIP	1,500.
REBECKA KURGER BRITT, IA 50423	NONE	SCHOLARSHIP	1,500.
ANDREW DEHART BRITT, IA 50423	NONE	SCHOLARSHIP	1,500.
RYAN SWANSON BRITT, IR 50423	NONE	SCHOLARSHIP	1,500.
RYAN MAYLAND BRITT, IA 50423	NONE	SCHOLARSHIP	1,500

TOTAL CONTRIBUTIONS PAID

15,750.

ATTACHMENT 6 PAGE 26

136160 L985

FORM 990PE, PART XV - CONTRIBUTIONS APPROVED FOR FUTURE PAYMENT

AMOUNT	1,500.	1,500.	1,500.	1,500.	1,500.	1,500.
PURPOSE OF GRANT OR CONTRIBUTION	SCHOLORSHIP	SCHOLORSHIP	SCHOLORSHIP	SCHOLORSHIP	SCHOLORSHIP	SCHOLORSHIP
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	NONE	NONE	NONE	NONE	NONE	NONE
RECIPIENT NAME AND ADDRESS	BEN KREITLOW BRITT, IA 50423	APRIL BURGARDT BRITT, IA 50423	CARLEE CHRISTIANSON BRITT, IA 50423	BRITT, IA 50423	COURTNEY ZADOW BRITT, IA 50423	GERALDO IBARRA BRITT, IA 50423

11320

ATTACHMENT 7 (CONT.D)

FORM 990PE, PART XV - CONTRIBUTIONS APPROVED FOR FUTURE PAYMENT

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
ERIC COX BRITT, IA 50423	NONE	SCHOLORSHIP	1,500.
JACOB PATTERSON BRITT, IA 50423	NONE	SCHOLORSHIP	1,500.
AHNA BRUNS BRITT, IA 50423	NONE	SCHOLORSHIP	1,500.
JONAHAN EEKHOFF BRITT, IA 50423	NONE	SCHOLORSHIP	1,500.

TOTAL CONTRIBUTIONS APPROVED

15,000.

ATTACHMENT 7 PAGE 28

11320

V 11-5

136160 L985

SCHEDULE D (Form 1041)

Capital Gains and Losses

OMB No 1545-0092

Department of the Treasury Internal Revenue Service Name of estate or trust

▶ Attach to Form 1041, Form 5227, or Form 990-T. See the Instructions for Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable). FRANCES BANE CROCKETT AND H PAUL

Employer identification number

CROCKETT TRUST 41-6446873 Note: Form 5227 filers need to complete only Parts I and II. Short-Term Capital Gains and Losses - Assets Held One Year or Less (f) Gain or (loss) for (b) Date acquired (a) Description of property (Example 100 shares 7% preferred of "Z" Co) (c) Date sold (e) Cost or other basis (d) Sales price the entire year (mo, day, yr) (mo , day, yr) (see instructions) Subtract (e) from (d) 1a b Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b 2,028. 1 b Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 2 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts 3 Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2010 Capital Loss 4 Net short-term gain or (loss). Combine lines 1a through 4 in column (f) Enter here and on line 13, column (3) on the back 2,028. Long-Term Capital Gains and Losses - Assets Held More Than One Year Part II (f) Gain or (loss) for (a) Description of property (b) Date acquired (c) Date sold (e) Cost or other basis (d) Sales once the entire year Subtract (e) from (d) (Example 100 shares 7% preferred of "Z" Co) (mo, day, yr) (mo, day, yr) (see instructions) 6a **b** Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b....... 40. 6Ь Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts Capital gain distributions 212. 9 Gain from Form 4797, Part I 10 Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2010 Capital Loss 11 Net long-term gain or (loss). Combine lines 6a through 11 in column (f) Enter here and on line 14a, column (3) on the back For Paperwork Reduction Act Notice, see the Instructions for Form 1041. Schedule D (Form 1041) 2011

	dule D (Form 1041) 2011						Page 2
Pai	Summary of Parts I and II Caution: Read the instructions before completing this	nart :	(1) Beneficia (see instr.		(2) Es		(3) Total
13	Net short-term gain or (loss)	13	(5555	<u>, </u>	<u> </u>		2,028.
14	Net long-term gain or (loss):						
а	Total for year	14a					252.
b	Unrecaptured section 1250 gain (see line 18 of the wrksht)	14b					
	28% rate gain	14c					
15	Total net gain or (loss). Combine lines 13 and 14a ▶	15					2,280.
	e: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (
	s, go to Part V, and do not complete Part IV If line 15, column (3), is a net loss, co	omplete	e Part IV and the	Capita	il Loss Carry	over Wo	rksheet, as necessary
Pai	rt IV Capital Loss Limitation					, T-	
16	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, F						
a Note Carry	The loss on line 15, column (3) or b \$3,000 if Form 1041, pages of the loss on line 15, column (3), is more than \$3,000, or if Form 1041, pages over Worksheet in the instructions to figure your capital loss carryover	ė i, im	e 22 (or Form 99	ю : т; п	 ine 34), is a	loss, co	() mplete the Capital Loss
	Tax Computation Using Maximum Capital Gains Rate	s					
	n 1041 filers. Complete this part only if both lines 14a and 15 in colu) are gains, or	an ar	nount is er	ntered i	n Part I or Part II and
	e is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is mor				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		are rorr are mana
	tion: Skip this part and complete the Schedule D Tax Worksheet in the i	ınstruc	tions if				
	other line 14b, col. (2) or line 14c, col. (2) is more than zero, or						
	oth Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.			altal			
	n 990-T trusts. Complete this part only if both lines 14a and 15 are orm 990-T, and Form 990-T, line 34, is more than zero. Skip this part a						
	ther line 14b, col. (2) or line 14c, col. (2) is more than zero.		inplote the co	cau	U D TUX TO	OI KSIIC	et in the instructions
17	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 3	R41	17			Т	
18	Enter the smaller of line 14a or 15 in column (2)	, · · ·	• • • • • • • • • • • • • • • • • • • •			1	
. •	but not less than zero						
19	Enter the estate's or trust's qualified dividends					1 1	
	from Form 1041, line 2b(2) (or enter the qualified		!			1 1	
	dividends included in income in Part I of Form 990-T) 19					i	
20	Add lines 18 and 19					1	
21	If the estate or trust is filing Form 4952, enter the						
	amount from line 4g, otherwise, enter -0 ▶ 21						
22	Subtract line 21 from line 20. If zero or less, enter -0		22			1	
23	Subtract line 22 from line 17. If zero or less, enter -0-		23				
24	Enter the smaller of the amount on line 17 or \$2,300		24				
25	Is the amount on line 23 equal to or more than the amount on line 24		= .			1	
	Yes. Skip lines 25 and 26; go to line 27 and check the "No" box						
	No. Enter the amount from line 23		25				
26	Subtract line 25 from line 24		26]	
27	Are the amounts on lines 22 and 26 the same?					1	
	Yes. Skip lines 27 thru 30, go to line 31 No. Enter the smaller of line 17 or lin	ne 22	27]	
28	Enter the amount from line 26 (If line 26 is blank, enter -0-)		28				
		•]	
29	Subtract line 28 from line 27		29				
30	Multiply line 29 by 15% (.15)					30	
31	Figure the tax on the amount on line 23. Use the 2011 Tax Rate (see the Schedule Ginstructions in the instructions for Form 1041).					31	
32	Add lines 30 and 31					32	
33	Figure the tax on the amount on line 17. Use the 2011 Tax Rate			 AG 21	 nd Truete	32	
55	(see the Schedule Ginstructions in the instructions for Form 1041).					33	
34	Tax on all taxable income. Enter the smaller of line 32 or line 33 l					 	
	G, line 1a (or Form 990-T, line 36)					34	
		-		-	· · · · ·		lule D (Form 1041) 2011

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SCHEDULE D-1 (Form 1041)

Continuation Sheet for Schedule D
(Form 1041)

► See instructions for Schedule D (Form 1041).

► Attach to Schedule D to list additional transactions for lines 1a and 6a.

Department of the Treasury Internal Revenue Service

OMB No 1545-0092

Name of estate or trust

Employer identification number

FRANCES BANE CROCKETT AND art I Short-Term Capital Gains an		s Held One Year		41-6446873	
(a) Description of property (Example 100 sh 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price	(e) Cost or other basis (see instructions)	(f) Gain or (loss) Subtract (e) from (c
WELL FARGO ADVISORS-SEE ATTACHED			380,939.	378,911.	2,02
ATTACHED			360,939.	378,911.	
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For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D-1 (Form 1041) 2011

(b) Date	s Held More Th	an One Year		·
(b) Date				
acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price	(e) Cost or other basis (see instructions)	(f) Gain or (loss) Subtract (e) from (d)
		07 063	07 022	4.0
		87,863.	87,823.	40
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				N. P.
				
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	-			
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Enter have and	lan Cahadula D. I	oo Sh		4.0
			87,863.	

2011 ENHANCED 1099

Page 5 of 18

As of Date: 2/03/12

SAINT LOUIS, MO 63103

10 NORTH WASHINGTON AVENUE Your Financial Advisor: SUITE 201 MASON CITY 1A 50401 (641) 423-0071 STEPHEN E GALES

NANCY F WALLEN TTEE

FIRST CLEARING, LLC 2801 MARKET STREET Payer ID # 23-2384840

> UM UM H PAUL CROCKETT FBO PAUL BANE CROCKETT TTEE MINNEAPOLIS MN 55417-1851 FRANCIS CROCKETT 5224 17TH AVE SOUTH Account Number: 6434-8483 Your Federal Identification Number: 41-6446873

Reportable Tax Information

Changes to Form 1099-B ("Proceeds From Broker and Barter Exchange Transactions") reporting requirements have necessitated significant modifications to our statements starting with Tax Year 2011. As applicable, we are providing information in a format and sequence similar to what you are now required to provide with your individual tax return on IRS Form 8949 and Schedule D (Form 1040) For Tax Year 2011, cost basis information is required to be sent to you and the IRS only for stock acquired by you on or after January 1, 2011, issued by a corporation that is not a regulated investment company (RIC) or that was not acquired as part of a dividend reinvestment plan (DRIP). However, we are providing cost basis information as supplemental information when it is available, to assist you with completing your tax return. Please see the "How to Read" insert that was included in your 1099 package for a detail explanation of these changes. Please consult with your Financial Advisor or Tax Advisor regarding specific questions.

SHORT TERM GAINS OR LOSSES (Box 8) 1099-B Proceeds from Broker and Barter Exchange	LOSSES (Booker and Booker	lox 8) arter Exchange	Transactions for 2011	s for 2011	X SINO	OMB NO. 1545-0715		SUPPLEMENTAL INFORMATION	INFORMATION
	Non			Date of	Date of Sale		Cost or Other		
	Covered	Share		Acquisition	or Exchange	Proceeds	Basis	Gain or Loss	Transaction
Description (Box 9)	(Box 6)	Quantity	Sale Price	(Box 1b)	(Box 1a)	(Box 2]*	(Box 3)	Amount	Oescription
AMER MUTUAL FD INC A CUSIP 027681105	×	1,839 5880	26.72000	07/07/11	07/25/11	49,153.79	50,000 00	-846.21	SALE
AMERICAN FUNDS MONEY MARKET FUND									
CLASS A									
CUSIP 02630U107	×	50,000.0000	1.00000	06/07/11	07/07/11	50,000.00	50,000.00	0.00	SALE
	×	50,000.0000	1 00000	06/07/11	07/07/11	50,000.00	50,000.00	0.00	SALE
	×	5,005 0000	1.00000	06/07/11	10/17/11	5,005.00	5,005.00	00.00	SALE
CAPITAL INCOME BLDR	 								
CUSIP 140193103	×	508.2380	52.08000	VARIOUS	06/07/11	26,469.04	25,574.31	894.73	SALE
FUNDAMENTAL INVS INC									
CUSIP 360802102	×	1,265.5020	38.94000	07/07/11	07/25/11	49,278.65	50,000.00	-721.35	SALE
INCOME FUND AMER INC									
CUSIP 453320103	×	1,540.5390	17.29000	VARIOUS	06/07/11	26,635.92	25,255.53	1,380.39	SALE
INVESTMENT CO AMERICA CLAS A									
CUSIP 461308108	×	3,409 9940	28 43000	VARIOUS	06/07/11	96,946.14	97,925.62	-979.48	SALE

THIS IS YOUR FORMS 1099 (COPY B FOR RECIPIENT) - PLEASE RETAIN FOR TAX PREPARATION PURPOSES

This is Important tax information and is being furnished to the Internal Revenue Service (except as indicated). If you are required to file a return, a negligence penalty or other sanction will be imposed on you if the income is taxable and the IRS determines that it has not been reported.

0011 A332 / BGA3

ADVISORS

STHEM FARGO Page 6 of 18

As of Date: 2/03/12

Payer. FIRST CLEARING, LLC 2801 MARKET STREET SAINT LOUIS, MO 63103 Payer ID #: 23-2384840

Your Financial Advisor: STEPHEN E GALES NANCY F WALLEN TTEE
PAUL BANE CROCKETT ITEE
UM UM H PAUL CROCKETT FBO
FRANCIS CROCKETT
5224 17TH AVE SOUTH
MINNEAPOLLS MN 55417-1851

10 NORTH WASHINGTON AVENUE SUITE 201 MASON CITY IA 50401 (641) 423-0071

Reportable Tax Information

1000 B Dwoods from Broker and Barter Exchange	oker and Ba	nter Exchange	Transactions for 2011	for 2011	OMB NO	OMB NO. 1545-0715	Continued	SUPPLEMENTAL INFORMATION	ORMATION
	Non- Covered	Share		Date of Acquisition	Date of Sale or Exchange	Proceeds	Cast on Other Basis (Box 3)	Gen of Loss Amount	Transachon Description
Description (Bax 9)	Box 6	Charmy	Sale Price	100 100	tone in				
WASH MUTL INVS FD INC CLASS A CUSIP 939330108	×	970.3210	28.29000	VARIOUS	06/07/11	27,450 38	25,150 77	2,299.61	SALE
TOTAL SHORT TERM GAINS OR LOSSES FOR NONCO	NS OR LOSSI	ES FOR NONCO	VERED SECURITIES	πES		380,938.92	378,911.23	2,027.69 🗸	
LONG TERM GAINS OR LOSSES (Box 8)	OSSES (Bo	. (8) X 8)	3	7 7 00		3120 ON 0110		SLIPPLEMENTAL INFORMATION	CORMATION
1049-B Proceeds from Broker and Barter Exchange Transactions for 2011	oker and B;	arber Exchange	Iransactions	5 TOF 2011	のとの悪の	1343-07 13			
	-62			Date of	Date of Sale		Cost or Other		
	Covered	Share		Acquisition	or Exchange	Proceeds	Basis	Gain or Loss	Iransecton
Description (Box 9)	(Box 6)**	Quantity	Sale Price	(Box 1b)	(Box 1a)	(Box Z)*	(Box 3)	Amount	nast per
DWS MONEY MARKET CASH INVESTMENT TRUST									
CL A CUSIP 23339A408	×	11,929.6600	1.00000	03/10/09	01/03/11	11,929 66	11,929 66	0.00	SALE
INCOME FUND AMER INC							;		
CUSIP 453320103	×	23.3420	17.29000	12/07/98	06/07/11	403 58	451 67	-48.09	SALE
INVESTMENT CO AMERICA									
CLAS A CUSIP 461308108	×	5.6270	28.43000	12/07/98	06/07/11	159.97	191.32	-31.35	SALE
TEMPLETON GLOBAL BOND									
CUSIP 880208103	×	84.8690	13.02000	07/24/09	10/12/11	1,100 00	1,027 77	72.23	SALE
	×	118.5020	13.08000	07/24/09	10/14/11	1,545.00	1,435.06	109.94	SALE
WASH MUTL INVS FD INC									
CUSIP 939330106	×	7.8590	28.29000	12/07/98	06/07/11	222.33	285.37	-63 04	SALE
TOTAL LONG TERM GAINS OR LOSSES FOR NONCOVERED SECURITIES	IS OR LOSSE	S FOR NONCO	FRED SECUR	TIES	:	15,360.54	15,320.85	39.69	

THIS IS YOUR FORMS 1099 (COPY B FOR RECIPIENT) - PLEASE RETAIN FOR TAX PREPARATION PURPOSES

This is important tax information and is being furnished to the Internal Revenue Service (except as indicated). If you are required to file a refurn, a negligence penalty or other sanction will be imposed on you if the income is taxable and the IRS determines that it has not been reported.

001 / A332 / BGA3

Account Number: 6434-8483 Your Federal Identification Number: 41-6446873

Page 7 of 18

As of Date: 2/03/12

Your Financial Advisor:

STEPHEN E GALES

FIRST CLEARING, LLC 2801 MARKET STREET SAINT LOUIS, MO 63103 Payer ID #: 23-2384840

Account Number: 6434-8483 Your Federal Identification Number: 41-6446873

10 NORTH WASHINGTON AVENUE MASON CITY IA 50401 (641) 423-0071 SUITE 201 PAUL BANE CROCKETT TTEE UM U/W H PAUL CROCKETT FBO MINNEAPOLIS MN 55417-1851 MANCY F WALLEN TTEE

5224 17TH AVE SOUTH FRANCIS CROCKETT

Reportable Tax Information

OTHER TERM GAINS OR LOSSES (Box 8)	LOSSES (B	ox 8)				
1099-8 Proceeds from Broker and Barter Exchange Transactions for 2011	roker and Ba	arter Exchange	Transactions	for 2011	OMB NO.	OMB NO. 1545-0715
	NGS			Defte of	Defect Date of Sale	
	Covered	Share		Acquisition	Acquisition or Exchange	Proceeds
Description (Box 9)	(Box 6)**	Ouenfity	Sale Price	(Box 1b)	(Box 1b) (Box 1a)	(Box 2)*
ALCATEL-LUCENT ADR						
CUSIP 013904305	×	5.0000	5.22000	66/20/90	06/07/99 07/14/11	16.14
AMERICAN FUNDS						
MONEY MARKET FUND						
CLASS A						
CUSIP 02630U107	×	72,483,5600	1 00000	08/12/10	08/12/10 01/03/11	72,483.56

<u>8</u> && §Ø 12,502.29 2 59 **X** 900 72,502.29 01/03/11 06/19/09 TOTAL OTHER TERM GAINS OR LOSSES FOR NONCOVERED SECURITIES 1.00000 2 5900 CASH INVESTMENT TRUST CUSIP 23339A408

SALE

Qş

72,483.56

¥

DWS MONEY MARKET

SALE

Q.≨

ر د

(Box 3) ٤

Cost or Other

SUPPLEMENTAL INFORMATION

Transaction Oescription

Gain or Loss Amount SALE

Box 2 Sakes price less commissions and option premiums

THIS IS YOUR FORMS 1099 (COPY B FOR RECIPIENT) - PLEASE RETAIN FOR TAX PREPARATION PURPOSES

This is important tax information and is being furnished to the Infernal Revenue Service (except as indicated). If you are required to file a return, a negligence penalty or other sanction will be imposed on you if the income is taxable and the IRS determines that it has not been reported.

^{*}For noncovered socurities, the following information is not reported to the IRS. COST BASIS (Box 3), DATE OF ACQUISMON (Box 1b), TYPE OF GAIN OR LOSS (Box 8), WASH SALE LOSS AMOLINT DISALLOWED (Box 5)

(Rev January 2012)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Internal Revenue	Service	► File a	separate ap	plication for each return.				
If you are	filing for an	Automatic 3-Month Extension, c	omplete o	nly Part I and check th	is box			▶ X
 If you are 	filing for an	Additional (Not Automatic) 3-Mo	onth Exten	sion, complete only Pa	art II (on page 2 of this	form)		
Do not comp	lete Part II u	<i>inless</i> you have already been gran	nted an aut	tomatic 3-month extens	sion on a previously file	ed Forn	า 8868.	
Electronic fi	ling <i>(e-file</i>).	You can electronically file Form 8	8868 if yo	u need a 3-month auto	matic extension of tir	ne to fi	le (6 m	nonths for
		to file Form 990-T), or an addition						
		tension of time to file any of the						
		ssociated With Certain Persona						
		details on the electronic filing of th				arities &	Nonpr	ofits.
Part Aut	tomatic 3	-Month Extension of Time. On	ly submit	original (no copies ne	eeded).			
A corporation	n required t	to file Form 990-T and requesting	an automa	atic 6-month extension	- check this box and co	omplete	!	
Part I only .								. ▶ 💹
All other corp	porations (i	including 1120-C filers), partnersh	ips, REMIC	Ss, and trusts must use l	Form 7004 to request a	n exten	sion of	time
to file income	e tax return:	s			Enter filer's identify	ing num	ber, see	instructions
_	Name of ex	empt organization or other filer, see in	structions		Employer identifi	cation nu	ımber (E	EIN) or
Type or	FRANCE	S BANE CROCKETT AND H	PAUL	l				
print	CROCKE	TT TRUST			X 41-64468	373		
File by the	e by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security num							
	ue date for 5224 17 mu AVENUE COURT							
return See City, town or post office, state, and ZIP code For a foreign address, see instructions								
MINNEAPOLIS, MN 55417								
Enter the Re	L	or the return that this application i	s for (file a	separate application fo	or each return)			0 4
Application		 -	Return	Application			$\overline{}$	Return
Is For			Code	Is For				Code
Form 990 01 Form 990-T (corporation)								
								07
Form 990-BL 02 Form 1041-A 08								
Form 990-E2			01	Form 4720		-	\longrightarrow	09
Form 990-PF			04	Form 5227				10
		a) or 408(a) trust)	05	Form 6069				11
Form 990-T	(trust other	than above)	06	Form 8870				12
The books		care of PAUL CROCKETT						
Telephone	e No. ▶	612 722-4339	F	FAX No. ▶				
 If the orga 	anızatıon do	es not have an office or place of t	business in	the United States, che	ck this box			. ▶ 🔲
• If this is fo	or a Group F	Return, enter the organizati <u>on'</u> s foi	ur digit Gro	oup Exemption Number	(GEN)		. If this	is
for the whole	e group, ch	eck this box ▶ 📖 . If	it is for pa	art of the group, check t	this box ▶	a	nd attac	ch
a list with the	names an	d EINs of all members the extensi	on is for.					
1 I reque	st an auton	natic 3-month (6 months for a cor	poration re	equired to file Form 990	0-T) extension of time			
until		08/15_, 20_12, to file the	exempt org	ganization return for the	e organization named	above.	The ext	tension is
for the	organizatio	n's return for:						
▶ X	calendar ye	ear 20 <u>11</u> or						
		eginning	, 20	, and ending		, 20	<u></u> ·	
2 If the ta	ax year ente	ered in line 1 is for less than 12 m	onths, ched	ck reason: Initial r	eturn Final retu	ırn		
c	hange in a	ccounting period						
		is for Form 990-BL, 990-PF, 99 dits. See instructions.	0-T, 4720	, or 6069, enter the	tentative tax, less an	· []		165.
		n is for Form 990-PF, 990-T,	4720 00	6060 enter any r	afundable credite on	3a \$		
								80.
		ments made. Include any prior yea tract line 3b from line 3a. Include				3b \$		
		l Tax Payment System) See instru		ent with this 10mm, it le	quired, by using EFTP:	3c \$;	85.
		ing to make an electronic fund v		with this Form 8868.	see Form 8453-EO			
payment inst	_							
								