



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



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

2011

Department of the Treasury
Internal Revenue Service

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

For calendar year 2011, or tax year beginning _____, **2011, and ending** _____

Name of foundation The Van Buren Foundation, Inc.		A Employer identification number 42-6062589
Number and street (or P O box number if mail is not delivered to street address) C/O Community First Bank	Room/suite	B Telephone number (see the instructions) (319) 293-3794
City or town Keosauqua	State ZIP code IA 52565	C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change	<input type="checkbox"/> Initial Return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change	D 1 Foreign organizations, check here <input type="checkbox"/> 2 Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, column (c), line 16) ▶ \$ 6,256,798.	J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))				
REVENUE				
1 Contributions, gifts, grants, etc. received (att sch)	10,200.			
2 <input type="checkbox"/> if the foundn is not req to att Sch B				
3 Interest on savings and temporary cash investments	3,989.	3,989.	3,989.	
4 Dividends and interest from securities	139,461.	139,461.	139,461.	
5a Gross rents	5,683.	5,683.	5,683.	
b Net rental income or (loss) -80,043.				
6a Net gain/(loss) from sale of assets not on line 10	-67,184.			
b Gross sales price for all assets on line 6a 421,886.				
7 Capital gain net income (from Part IV, line 2)				
8 Net short-term capital gain				
9 Income modifications				
10a Gross sales less returns and allowances				
b Less Cost of goods sold				
c Gross profit/(loss) (att sch)				
11 Other income (attach schedule) See Line 11 Stmt	805.		260.	
12 Total. Add lines 1 through 11	92,954.	149,133.	149,393.	
ADMINISTRATIVE EXPENSES				
13 Compensation of officers, directors, trustees, etc				
14 Other employee salaries and wages				
15 Pension plans, employee benefits				
16a Legal fees (attach schedule)				
b Accounting fees (attach sch) L-16b Stmt	6,850.	3,425.	3,425.	3,425.
c Other prof fees (attach sch)				
17 Interest				
18 Taxes (attach schedule)(see instrs) See Line 18 Stmt	4,259.			
19 Depreciation (attach sch) and depletion	44,526.			
20 Occupancy				
21 Travel, conferences, and meetings				
22 Printing and publications				
23 Other expenses (attach schedule) See Line 23 Stmt	41,199.	5,653.	5,653.	35,546.
24 Total operating and administrative expenses. Add lines 13 through 23	96,834.	9,078.	9,078.	38,971.
25 Contributions, gifts, grants paid	323,602.			323,602.
26 Total expenses and disbursements. Add lines 24 and 25	420,436.	9,078.	9,078.	362,573.
27 Subtract line 26 from line 12:				
a Excess of revenue over expenses and disbursements	-327,482.			
b Net investment income (if negative, enter -0-)		140,055.		
c Adjusted net income (if negative, enter -0-)			140,315.	

SCANNED AUG 17 2012

RECEIVED
AUG 13 2012
OGDEN, UT

15

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of year amounts only (See instructions.)		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
ASSETS	1 Cash – non-interest-bearing	10,276.	27,023.	27,023.
	2 Savings and temporary cash investments	610,227.	692,290.	692,290.
	3 Accounts receivable			
	Less: allowance for doubtful accounts			
	4 Pledges receivable			
	Less: allowance for doubtful accounts			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach sch)			
	Less: allowance for doubtful accounts	103,237.	99,946.	99,946.
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges	7,850.	5,003.	5,003.
	10a Investments – U S and state government obligations (attach schedule)			
	b Investments – corporate stock (attach schedule) L-10b Stmt	4,773,508.	4,362,193.	4,603,295.
	c Investments – corporate bonds (attach schedule) L-10c Stmt	200,000.	200,000.	194,456.
	11 Investments – land, buildings, and equipment basis			
Less: accumulated depreciation (attach schedule)				
12 Investments – mortgage loans				
13 Investments – other (attach schedule)				
14 Land, buildings, and equipment basis	1,264,807.			
Less: accumulated depreciation (attach schedule) L-14 Stmt	630,318.	642,988.	634,489.	
15 Other assets (describe L-15 Stmt)	636.	296.	296.	
16 Total assets (to be completed by all filers – see the instructions Also, see page 1, item I)	6,348,722.	6,021,240.	6,256,798.	
LIABILITIES	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, & other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe)			
	23 Total liabilities (add lines 17 through 22)			
NET ASSETS OR FUND BALANCES	Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. <input checked="" type="checkbox"/>			
	24 Unrestricted	4,974,297.	4,610,485.	
	25 Temporarily restricted	604,931.	641,261.	
	26 Permanently restricted	769,494.	769,494.	
	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. <input type="checkbox"/>			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, building, and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds			
30 Total net assets or fund balances (see instructions)	6,348,722.	6,021,240.		
31 Total liabilities and net assets/fund balances (see instructions)	6,348,722.	6,021,240.		

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year – Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	6,348,722.
2 Enter amount from Part I, line 27a	2	-327,482.
3 Other increases not included in line 2 (itemize)	3	
4 Add lines 1, 2, and 3	4	6,021,240.
5 Decreases not included in line 2 (itemize)	5	
6 Total net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b), line 30	6	6,021,240.

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shares MLC Company)	(b) How acquired P — Purchase D — Donation	(c) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1a 12.23 SHS AMERICAN BALANCED FUND	P	08/09/07	01/07/11
b 1887.505 SHS AMERICAN MUTUAL FUND CL A	P	04/29/05	07/15/11
c 1400 SHS GENERAL ELECTRIC	P	06/01/96	06/20/11
d 1301.406 SHS GOLDMAN SACHS GROWTH & INC. FD	P	08/19/05	11/15/11
e See Columns (a) thru (d)			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 221.		230.	-9.
b 50,000.		47,208.	2,792.
c 25,450.		1,435.	24,015.
d 25,000.		35,253.	-10,253.
e See Columns (e) thru (h)		337,760.	-83,729.

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Column (h) gain minus column (k), but not less than -0-) or Losses (from column (h))
(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column (i) over column (j), if any	
a			-9.
b			2,792.
c			24,015.
d			-10,253.
e See Columns (i) thru (l)			-83,729.

2 Capital gain net income or (net capital loss) [If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7]	2	-67,184.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8]	3	

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

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

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

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

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

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (column (b) divided by column (c))
2010	240,438.	5,423,449.	0.044333
2009	272,953.	4,875,840.	0.055981
2008	274,421.	5,847,507.	0.046930
2007	209,737.	6,701,454.	0.031297
2006	293,656.	6,129,217.	0.047911

2 Total of line 1, column (d)	2	0.226452
3 Average distribution ratio for the 5-year base period — divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0.045290
4 Enter the net value of noncharitable-use assets for 2011 from Part X, line 5	4	5,676,590.
5 Multiply line 4 by line 3	5	257,093.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	1,401.
7 Add lines 5 and 6	7	258,494.
8 Enter qualifying distributions from Part XII, line 4	8	398,599.

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

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

1 a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter 'N/A' on line 1. Date of ruling or determination letter _____ (attach copy of letter if necessary – see instrs)			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b		1	1,401.
c All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, column (b)			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		2	0.
3 Add lines 1 and 2		3	1,401.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		4	0.
5 Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-		5	1,401.
6 Credits/Payments			
a 2011 estimated tax pmts and 2010 overpayment credited to 2011	6 a	3,603.	
b Exempt foreign organizations – tax withheld at source	6 b		
c Tax paid with application for extension of time to file (Form 8868)	6 c	0.	
d Backup withholding erroneously withheld	6 d		
7 Total credits and payments Add lines 6a through 6d	7	3,603.	
8 Enter any penalty for underpayment of estimated tax Check here <input type="checkbox"/> if Form 2220 is attached	8		
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		
10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	2,202.	
11 Enter the amount of line 10 to be. Credited to 2012 estimated tax <input type="checkbox"/> Refunded <input checked="" type="checkbox"/>	11		

Part VII-A Statements Regarding Activities

	Yes	No
1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)? <i>If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities</i>		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation <input type="checkbox"/> \$ _____ (2) On foundation managers <input type="checkbox"/> \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ _____		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If 'Yes,' attach a detailed description of the activities</i>		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If 'Yes,' attach a conformed copy of the changes</i>		X
4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If 'Yes,' attach the statement required by General Instruction T</i>		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either. • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If 'Yes,' complete Part II, column (c), and Part XV</i>	X	
8 a Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> _____ <u>IA - Iowa</u>		
b If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? <i>If 'No,' attach explanation</i>	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? <i>If 'Yes,' complete Part XIV</i>		X
10 Did any persons become substantial contributors during the tax year? <i>If 'Yes,' attach a schedule listing their names and addresses</i>		X

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

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

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

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

5b X

Organizations relying on a current notice regarding disaster assistance check here

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

Yes No

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

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

Yes No

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

6b X

If 'Yes' to 6b, file Form 8870

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

Yes No

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

7b

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

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

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
JON FINNEY 17248 HIGHWAY 1 KEOSAUQUA IA 52565	CHAIRMAN 0.25	0.	0.	0.
MATTHEW MANNING 502 FRANKLIN ST KEOSAUQUA IA 52565	PRESIDENT 0.25	0.	0.	0.
SANDY MCLAIN 27390 V56 MILTON IA 52570	V PRESIDENT 0.25	0.	0.	0.
See Information about Officers, Directors, Trustees, Etc		0.	0.	0.

2 Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter 'NONE.'

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
0				
0				
0				
0				

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

None

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

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter 'NONE.'

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		None

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc

	Expenses
1 EXPENSES ATTRIBUTABLE TO MAINTAINING THE ROBERTS MEMORIAL BUILDING - SEE SCHEDULE	85,726.
2 OTHER QUALIFYING GRANTS AND SCHOLARSHIPS - SEE SCHEDULE	323,602.
3	
4	

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

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

BAA

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a Average monthly fair market value of securities	1a	5,128,489.
b Average of monthly cash balances	1b	634,469.
c Fair market value of all other assets (see instructions)	1c	78.
d Total (add lines 1a, b, and c)	1d	5,763,036.
e Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	
2 Acquisition indebtedness applicable to line 1 assets	2	
3 Subtract line 2 from line 1d	3	5,763,036.
4 Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	86,446.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	5,676,590.
6 Minimum investment return. Enter 5% of line 5	6	283,830.

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

1 Minimum investment return from Part X, line 6	1	283,830.
2a Tax on investment income for 2011 from Part VI, line 5	2a	1,401.
b Income tax for 2011 (This does not include the tax from Part VI)	2b	
c Add lines 2a and 2b	2c	1,401.
3 Distributable amount before adjustments. Subtract line 2c from line 1	3	282,429.
4 Recoveries of amounts treated as qualifying distributions	4	545.
5 Add lines 3 and 4	5	282,974.
6 Deduction from distributable amount (see instructions)	6	
7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	282,974.

Part XII Qualifying Distributions (see instructions)

1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a Expenses, contributions, gifts, etc. — total from Part I, column (d), line 26	1a	362,573.
b Program-related investments — total from Part IX-B	1b	
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	36,026.
3 Amounts set aside for specific charitable projects that satisfy the:		
a Suitability test (prior IRS approval required)	3a	
b Cash distribution test (attach the required schedule)	3b	
4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	398,599.
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	1,401.
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	397,198.

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

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
1 Distributable amount for 2011 from Part XI, line 7				282,974.
2 Undistributed income, if any, as of the end of 2011				
a Enter amount for 2010 only			0.	
b Total for prior years: 20___, 20___, 20___				
3 Excess distributions carryover, if any, to 2011				
a From 2006	3,047.			
b From 2007	0.			
c From 2008	0.			
d From 2009	34,173.			
e From 2010	0.			
f Total of lines 3a through e	37,220.			
4 Qualifying distributions for 2011 from Part XII, line 4 ▶ \$ 398,599.				
a Applied to 2010, but not more than line 2a				
b Applied to undistributed income of prior years (Election required – see instructions)				
c Treated as distributions out of corpus (Election required – see instructions)				
d Applied to 2011 distributable amount				282,974.
e Remaining amount distributed out of corpus	115,625.			
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:				
a Corpus Add lines 3f, 4c, and 4e. Subtract line 5	152,845.			
b Prior years' undistributed income Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b Taxable amount – see instructions		0.		
e Undistributed income for 2010 Subtract line 4a from line 2a Taxable amount – see instructions			0.	
f Undistributed income for 2011. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2012				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)				
8 Excess distributions carryover from 2006 not applied on line 5 or line 7 (see instructions)	3,047.			
9 Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 6a	149,798.			
10 Analysis of line 9:				
a Excess from 2007	0.			
b Excess from 2008	0.			
c Excess from 2009	34,173.			
d Excess from 2010	0.			
e Excess from 2011	115,625.			

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

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2011, enter the date of the ruling ▶

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

	Tax year				(e) Total
	(a) 2011	(b) 2010	(c) 2009	(d) 2008	
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a 'Assets' alternative test – enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b 'Endowment' alternative test – enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c 'Support' alternative test – enter.					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year – see instructions.)

1 Information Regarding Foundation Managers:
a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))
 NONE

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest
 NONE

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

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

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

c Any submission deadlines
 PER ATTACHED SCHEDULE

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

Part XV Supplementary Information (continued)

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<i>a Paid during the year</i>				
VAN BUREN COUNTY 406 DODGE ST KEOSAUQUA IA 52565	NONE	PUBLIC	JAWS OF LIFE EQUIPMENT	13,580.
BONAPARTE MAINSTREET CITY OF BONAPARTE BONAPARTE IA 52620	NONE	PUBLIC	MORRIS PARK GREAT PLACES	4,470.
VAN BUREN COUNTY HOSPITAL 304 FRANKLIN ST KEOSAUQUA IA 52565	NONE	PUBLIC	AMBULANCE POWER COT	4,626.
CITY OF KEOSAUQUA CITY HALL 804 1ST ST KEOSAUQUA, IA 52565	NONE	PUBLIC	VILLAGES OF VAN BUREN BUDGET	32,000.
KEOSAUQUA SENIOR CENTER 801 FRONT ST KEOSAUQUA IA 52565	NONE	PUBLIC	HEATING COOLING PROJECT	3,000.
HARMONY COMMUNITY SCHOOLS 33727 RT J40 FARMINGTON IA 52626	NONE	PUBLIC	HIGH SCHOOL AND ELEMENTARY LIVING SKILLS	1,000.
BONAPARTE HISTORICAL PRESERVATION COMMISSION CITY OF BONAPARTE 616 FIRST ST. BONAPARTE IA 52620	NONE	PUBLIC	DES MOINES RIVER LOCK #5 REPAIRS	3,000.
VAN BUREN TRAILS ASSOCIATION P O BOX 327 KEOSAUQUA IA 52565	NONE	PUBLIC	TRAILS PLAZA	20,000.
VILLAGES OF VAN BUREN 902 4TH ST KEOSAUQUA IA 52565	NONE	PUBLIC	WEBSITE UPDATE	1,545.
See Line 3a statement				240,381.
Total				323,602.
<i>b Approved for future payment</i>				
VAN BUREN TRAILS ASSOCIATION P.O. BOX 327 KEOSAUQUA IA 52565	NONE	PUBLIC	KEOSAUQUA TRAILS PLAZA	20,000.
CITY OF KEOSAUQUA CITY HALL 804 1ST ST KEOSAUQUA IA 52565	NONE	PUBLIC	VILLAGES OF VAN BUREN BUDGET	32,000.
See Line 3b statement				121,599.
Total				173,599.

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2011

Name of the organization

The Van Buren Foundation, Inc.

Employer identification number

42-6062589

Organization type (check one).

Filers of:

Form 990 or 990-EZ

Section:

- 501(c)(____) (enter number) organization
 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
 4947(a)(1) nonexempt charitable trust treated as a private foundation
 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules

- For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- 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, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

Caution: An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) but it **must** answer 'No' on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on Part I, line 2, of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA 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

Employer identification number

The Van Buren Foundation, Inc.

42-6062589

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

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ROBERT VICKERMAN ----- 2106 19TH AVE. ----- MONROE WI 53566 -----	\$----- 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
-----	-----	\$-----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
-----	-----	\$-----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
-----	-----	\$-----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
-----	-----	\$-----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
-----	-----	\$-----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Name(s) Shown on Return: The Van Buren Foundation, Inc. Employer ID Number: 42-6062589

Grantee Information:

Grantee Name: VAN BUREN RECREATION AREA
Check Box, if Grantee is a Business:
Grantee Address: 217 RIVERVIEW DR
Grantee City: KEOSAUQUA Grantee State: IA Grantee Zip: 52565
Foreign City: _____ Foreign Country: _____

Grant Amount: 5,000. Amount Expended: 5,000.
Date of Grant: MAY 10, 2011

Purpose of Grant:

TO HELP PROVIDE FUNDS FOR A HANDICAPPED ACCESSIBLE RAMP FOR A PUBLIC MEETING AREA

Any Diversion By Grantee?

NO

Dates of Reports by Grantee?

AUGUST 9, 2011

Verification Date

AUGUST 12, 2011

Results of Verification:

FUNDS WERE PROPERLY MATCHED AND EXPENDED ACCORDING TO THE TERMS OF THE GRANT.

Name(s) Shown on Return

The Van Buren Foundation, Inc.

Employer ID Number

42-6062589

Grantee Information:

Grantee Name

VAN BUREN RECREATION AREA

Check Box, if Grantee is a Business

Grantee Address

217 RIVERVIEW DR

Grantee City

KEOSAUQUA

Grantee State IA

Grantee Zip 52565

Foreign City

Foreign Country _____

Grant Amount

2,500.

Amount Expended

2,500.

Date of Grant

MAY 10, 2011

Purpose of Grant:

TO COVER THE COST OF PROVIDING RED CROSS SWIMMING LESSONS TO THE PUBLIC.

Any Diversion By Grantee?

NO

Dates of Reports by Grantee?

AUGUST 9, 2011

Verification Date

AUGUST 12, 2011

Results of Verification:

FUNDS WERE EXPENDED FOR VERIFIED COSTS OF PROVIDING THE RED CROSS
SWIMMING LESSONS.

Name(s) Shown on Return: The Van Buren Foundation, Inc. Employer ID Number: 42-6062589

Grantee Information:

Grantee Name: KEOSAUQUA CHAMBER OF COMMERCE
Check Box, if Grantee is a Business:
Grantee Address: P.O. BOX 511
Grantee City: KEOSAUQUA Grantee State: IA Grantee Zip: 52565
Foreign City: _____ Foreign Country: _____

Grant Amount: 3,950. Amount Expended: 3,950.
Date of Grant: DECEMBER 14, 2010

Purpose of Grant:

TO HELP PROVIDE FUNDS TO CREATE A NEW WELCOME TO KEOSAUQUA BROCHURE.

Any Diversion By Grantee?

NO

Dates of Reports by Grantee?

MAY 6, 2011

Verification Date: MAY 20, 2011

Results of Verification:

FUNDS WERE USED TO HELP PAY FOR THE BROCHURES AS AGREED TO IN THE GRANT

Name(s) Shown on Return: The Van Buren Foundation, Inc. Employer ID Number: 42-6062589

Grantee Information:

Grantee Name: FRIENDLY FOUR CORNERS ORGANIZATION
Check Box, if Grantee is a Business:
Grantee Address: 18060 LARK AVE.
Grantee City: KEOSAUQUA Grantee State: IA Grantee Zip: 52565
Foreign City: _____ Foreign Country: _____

Grant Amount: 1,500. Amount Expended: 1,500.
Date of Grant: DECEMBER 14, 2010

Purpose of Grant:

TO PURCHASE A CARPORT TO BE USED AS A SHELTER AT AUSTIN PARK.

Any Diversion By Grantee?

NO

Dates of Reports by Grantee?

AUGUST 2, 2011

Verification Date: AUGUST 2, 2011

Results of Verification:

FUNDS WERE USED TOWARDS THE PURCHASE OF THE CARPORT WHICH IS BEING USED
FOR THE PICNIC SHELTER AT AUSTIN PARK.

Name(s) Shown on Return The Van Buren Foundation, Inc. Employer ID Number 42-6062589

Grantee Information:

Grantee Name VILLAGES OF VAN BUREN, INC.
Check Box, if Grantee is a Business
Grantee Address 902 4TH ST
Grantee City KEOSAUQUA Grantee State IA Grantee Zip 52565
Foreign City _____ Foreign Country _____

Grant Amount 1,545. Amount Expended 1,545.
Date of Grant MAY 11, 2010

Purpose of Grant:

TO PROVIDE A NEW WEBSITE FOR THE VILLAGES OF VAN BUREN COUNTY.

Any Diversion By Grantee?

NO

Dates of Reports by Grantee?

DECEMBER 22, 2010

Verification Date

JANUARY 3, 2011

Results of Verification:

FUNDS WERE EXPENDED ACCORDING TO THE TERMS OF THE GRANT.

THE VAN BUREN FOUNDATION, INC
42-6062589
2011

FORM 990-PF

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

<u>Description</u>	<u>Cost</u>	<u>Life or Rate</u>	<u>Current Depreciation</u>	<u>Accumulated Depreciation 12/31/2011</u>
Land	\$ 1,000	N/A	\$ -	\$ -
Building and Improvements	1,189,805	3-39 yr SL	41,942	566,097
Furniture, Fixtures and Equip.	<u>74,002</u>	5-15 yr SL	<u>2,584</u>	<u>64,221</u>
	<u>\$ 1,264,807</u>		<u>\$ 44,526</u>	<u>\$ 630,318</u>

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

Line 11 Stmt

Other income:	Rev/Exp Book	Net Inv Inc	Adj Net Inc
Membership Dues	260.		260.
SCHOLARSHIP REFUND	545.		
Total	805.		260.

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

Line 18 Stmt

Taxes	Rev/Exp Book	Net Inv Inc	Adj Net Inc	Charity Disb
PRIOR YEARS INVESTMENT TAX	2,891.			
Foreign Tax Paid	1,368.			
Total	4,259.			

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

Line 23 Stmt

Other expenses:	Rev/Exp Book	Net Inv Inc	Adj Net Inc	Charity Disb
Insurance	3,579.			3,579.
Janitor	8,958.			8,958.
Miscellaneous	700.			700.
Repairs & Maintenance	10,438.			10,438.
Supplies	1,796.			1,796.
Utilities & Telephone	15,728.	5,653.	5,653.	10,075.
Total	41,199.	5,653.	5,653.	35,546.

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

Columns (a) thru (d)

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shares MLC Company)	(b) How acquired P – Purchase D – Donation	(c) Date acquired (month, day, year)	(d) Date sold (month, day, year)
10976.948 SHS GOLDMAN SACHS GROWTH & INC. FD	P	08/19/05	12/19/11
526.87 SHS GOLDMAN SACHS MID CAP VAL	P	05/17/05	02/11/11
188.715 SHS NEW WORLD FUND CL A	P	04/29/05	02/11/11
650 SHS WELLS FARGO	P	08/24/00	01/06/11
182.387 SHS VANGUARD STAR FUND	P	02/01/05	01/11/11

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

Columns (e) thru (h)

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
200,000.		294,409.	-94,409.
20,000.		19,001.	999.
10,000.		6,546.	3,454.
20,531.		14,399.	6,132.

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

Continued

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
3,500.		3,405.	95.
Total		<u>337,760.</u>	<u>-83,729.</u>

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

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

(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column (i) over column (j), if any	(l) Gains (column (h) gain minus column (k), but not less than -0-) or losses (from column (h))
			-94,409.
			999.
			3,454.
			6,132.
			95.
Total			<u>-83,729.</u>

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

Information about Officers, Directors, Trustees, Etc.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
Person <input checked="" type="checkbox"/> Business <input type="checkbox"/> GEORGE MANNING 21723 HWY 2 KEOSAUQUA IA 52565	TREASURER 0.50	0.	0.	0.
Person <input checked="" type="checkbox"/> Business <input type="checkbox"/> JEANNE ERICKSON 23662 HWY 1 KEOSAUQUA IA 52565	ASST TREASURER 0.25	0.	0.	0.
Person <input type="checkbox"/> Business <input type="checkbox"/> CRYSTAL CRONK 19666 270TH ST SIGOURNEY IA 52591	SECRETARY 0.25	0.	0.	0.
Person <input checked="" type="checkbox"/> Business <input type="checkbox"/> ALLEN GUNN 31672 245TH BONAPARTE IA 52620	DIRECTOR 0.25	0.	0.	0.

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

Continued

Information about Officers, Directors, Trustees, Etc.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
Person <input checked="" type="checkbox"/> Business <input type="checkbox"/> STEVE KISLING 811 LOUIS ST KEOSAUQUA IA 52565	DIRECTOR 0.25	0.	0.	0.
Person <input checked="" type="checkbox"/> Business <input type="checkbox"/> MARY JO SMITH 801 ROAD ST FARMINGTON IA 52626	ASSISTANT SECRETARY 0.25	0.	0.	0.
Person <input checked="" type="checkbox"/> Business <input type="checkbox"/> KEVIN HRANICKA 853 COUNTRY LANE RD KEOSAUQUA IA 52565	DIRECTOR 0.25	0.	0.	0.
Person <input checked="" type="checkbox"/> Business <input type="checkbox"/> JANET GILCHRIST 14050 HWY 16 DOUDS IA 52551	DIRECTOR 0.25	0.	0.	0.
Person <input checked="" type="checkbox"/> Business <input type="checkbox"/> PAT MILLER 18549 HWY 1 KEOSAUQUA IA 52565	DIRECTOR 0.25	0.	0.	0.
Person <input checked="" type="checkbox"/> Business <input type="checkbox"/> DENNIS GRATZ 33387 245TH ST FARMINGTON IA 52626	DIRECTOR 0.25	0.	0.	0.
Person <input checked="" type="checkbox"/> Business <input type="checkbox"/> FRED CHAPUIS 11787 RT W30 STOCKPORT IA 52651	DIRECTOR 0.25	0.	0.	0.
Person <input checked="" type="checkbox"/> Business <input type="checkbox"/> MILES BOATMAN 16798 RT V64 DOUDS IA 52551	DIRECTOR 0.25	0.	0.	0.
Person <input checked="" type="checkbox"/> Business <input type="checkbox"/> ARTHUR P OVROM 1001 FRONT ST KEOSAUQUA IA 52565	DIRECTOR 0.25	0.	0.	0.
Person <input type="checkbox"/> Business <input type="checkbox"/> BEN KOELLNER 12301 300TH ST MILTON IA 52570	DIRECTOR 0.25	0.	0.	0.

Total

0.
0.
0.

THE VAN BUREN FOUNDATION, INC.
42-6062589
2011

FORM 990-PF

Part IX-A. Supporting Data

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

The Roberts Memorial Building is maintained by the Van Buren Foundation for the use during the county fair and as a community building for use by area organizations for meetings, seminars, local theatre productions, etc. It is estimated that over 40 area organizations benefited from the operation of the building in 2011.

Summary of Expenses

Depreciation	\$ 44,526
Repairs and maintenance	10,438
Insurance	3,580
Utilities and telephone	15,728
Janitorial	8,958
Supplies	1,796
Miscellaneous expense	700
	<u>\$ 85,726</u>

**THE VAN BUREN FOUNDATION, INC.
42-6062589
2011**

FORM 990-PF

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

General Grants:

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

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

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

**THE VAN BUREN FOUNDATION, INC.
42-6062589
2011**

FORM 990-PF

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

Educational Grants:

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

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

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

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

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

Line 3a statement

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foun- dation status of re- cipient	Purpose of grant or contribution	Person or Business Checkbox Amount
a Paid during the year				
VAN BUREN RECREATION AREA 217 RIVERVIEW DR KEOSAUQUA IA 52565	NONE	PUBLIC	ACCESSIBLE RAMP	Person or <input type="checkbox"/> Business <input type="checkbox"/> 5,000.
CITY OF BONAPARTE CITY HALL BONAPARTE IA 52620	NONE	PUBLIC	OPERA HOUSE FURNACE AND AIR CONDITIONER	Person or <input type="checkbox"/> Business <input type="checkbox"/> 4,000.
CITY OF BONAPARTE CITY HALL BONAPARTE IA 52620		PUBLIC	BAND SHELL REPAIRS	Person or <input type="checkbox"/> Business <input type="checkbox"/> 10,000.
BIRMINGHAM PUBLIC LIBRARY 310 E MAIN ST BIRMINGHAM, IA 52535	NONE	PUBLIC	RALPH SHOTT MEMORIAL	Person or <input type="checkbox"/> Business <input type="checkbox"/> 225.
VAN BUREN COUNTY EXTENSION SERVICE 200 DODGE ST KEOSAUQUA, IA 52565	NONE	PUBLIC	4-H ENROLLMENT FEES	Person or <input type="checkbox"/> Business <input type="checkbox"/> 2,200.
VAN BUREN CO. CONSERVATION BOARD 816 FRANKLIN ST KEOSAUQUA IA 52565	NONE	PUBLIC	GREEF STORE AIR CONDITIONER	Person or <input type="checkbox"/> Business <input type="checkbox"/> 600.
CITY OF KEOSAUQUA CITY HALL 801 1ST ST KEOSAUQUA IA 52565	NONE	PUBLIC	PUBLIC POOL REPAIRS	Person or <input type="checkbox"/> Business <input type="checkbox"/> 7,000.
VAN BUREN CO EXTENSION 200 DODGE ST KEOSAUQUA, IA 52565	NONE	PUBLIC	MILLER AWARD	Person or <input type="checkbox"/> Business <input type="checkbox"/> 35.
KEOSAUQUA PUBLIC LIBRARY 608 1ST ST KEOSAUQUA, IA 52565	NONE	PUBLIC	LAURA DAUGHRITY MEMORIAL-ANNUAL	Person or <input type="checkbox"/> Business <input type="checkbox"/> 188.
KEOSAUQUA FIRE DEPARTMENT 104 CASS ST KEOSAUQUA, IA 52565	NONE	PUBLIC	LAURA DAUGHRITY MEMORIAL -ANNUAL	Person or <input type="checkbox"/> Business <input type="checkbox"/> 188.
KEOSAUQUA HISTORICAL SOCIETY LOCAL KEOSAUQUA, IA 52565	NONE	PUBLIC	LAURA DAUGHRITY MEMORIAL -ANNUAL	Person or <input type="checkbox"/> Business <input type="checkbox"/> 188.
PURDOM CEMETARY LOCAL KEOSAUQUA IA 52565	NONE	PUBLIC	LAURA DAUGHRITY MEMORIAL-ANNUAL	Person or <input type="checkbox"/> Business <input type="checkbox"/> 1,504.
FELLOWS CEMETARY LOCAL KEOSAUQUA IA 52565	NONE	PUBLIC	LAURA DAUGHRITY MEMORIAL-ANNUAL	Person or <input type="checkbox"/> Business <input type="checkbox"/> 1,504.
CONGREGATIONAL UNITED CHURCH OF CHRIST 401 VAN BUREN ST KEOSAUQUA, IA 52565	NONE	PUBLIC	LAURA DAUGHRITY MEMORIAL-ANNUAL	Person or <input type="checkbox"/> Business <input type="checkbox"/> 3,008.
VAN BUREN COUNTY HOSPITAL 304 FRANKLIN ST KEOSAUQUA, IA 52565	NONE	PUBLIC	LAURA DAUGHRITY MEMORIAL-ANNUAL	Person or <input type="checkbox"/> Business <input type="checkbox"/> 1,754.

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

Continued

Line 3a statement

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foun- dation status of re- cipient	Purpose of grant or contribution	Person or Business Checkbox Amount
a Paid during the year				
VAN BUREN GOOD SAMARITAN HOME 819 COUNTRY LANE RD KEOSAUQUA, IA 52565	NONE	PUBLIC	LAURA DAUGHRITY MEMORIAL-ANNUAL	Person or <input type="checkbox"/> Business <input type="checkbox"/> 1,755.
VAN BUREN PUBLIC HEALTH 905 BROAD ST KEOSAUQUA, IA 52565	NONE	PUBLIC	LAURA DAUGHRITY MEMORIAL -ANNUAL	Person or <input type="checkbox"/> Business <input type="checkbox"/> 1,755.
JORY HECKENBERG 220 HONEYMOON ST STOCKPORT IA 52651	NONE	N/A	EDUCATIONAL GRANT	Person or <input checked="" type="checkbox"/> Business <input type="checkbox"/> 1,000.
KYLIE HARLAN 1562 BROAD ST KEOSAUQUA IA 52565	NONE	N/A	EDUCATIONAL GRANT	Person or <input checked="" type="checkbox"/> Business <input type="checkbox"/> 2,500.
KALI JOHNSON 407 FIRST ST KEOSAUQUA IA 52565	NONE	N/A	EDUCATIONAL GRANT	Person or <input checked="" type="checkbox"/> Business <input type="checkbox"/> 3,000.
OLSON MILLER 104 MCCOY CIRCLE KEOSAUQUA IA 52565	NONE	N/A	EDUCATIONAL GRANT	Person or <input checked="" type="checkbox"/> Business <input type="checkbox"/> 1,000.
JORDAN HAGANS P.O. BOX 18 BIRMINGHAM IA 52535	NONE	N/A	EDUCATIONAL GRANTS	Person or <input checked="" type="checkbox"/> Business <input type="checkbox"/> 2,500.
COURTLAND GARRETT 702 N. MAIN MILTON IA 52570	NONE	N/A	EDUCATIONAL GRANT	Person or <input checked="" type="checkbox"/> Business <input type="checkbox"/> 1,000.
TARRAH SYFERT 607 FRANKLIN ST KEOSAUQUA IA 52565	NONE	N/A	EDUCATIONAL GRANT	Person or <input checked="" type="checkbox"/> Business <input type="checkbox"/> 3,000.
KAILA BUTTS 903 KEOWAY DR. KEOSAUQUA IA 52565	NONE	N/A	EDUCATIONAL GRANT	Person or <input checked="" type="checkbox"/> Business <input type="checkbox"/> 500.
LUCAS BATTEN P.O. BOX 72 DONNELLSON IA 52625	NONE	N/A	EDUCATIONAL GRANT	Person or <input checked="" type="checkbox"/> Business <input type="checkbox"/> 500.
ABBEY GOLDEN 13967 PEDRICK ST DOUDS IA 52551	NONE	N/A	EDUCATIONAL GRANT	Person or <input checked="" type="checkbox"/> Business <input type="checkbox"/> 3,000.
KAITLYN PROPER 11725 VIOLET AVE STOCKPORT IA 52651	NONE	N/A	EDUCATIONAL GRANT VERNA OLSON AWARD	Person or <input checked="" type="checkbox"/> Business <input type="checkbox"/> 385.
RYNE SMITH P.O. BOX 36 KEOSAUQUA IA 52565	NONE	N/A	EDUCATIONAL GRANT PERKINS AWARD	Person or <input checked="" type="checkbox"/> Business <input type="checkbox"/> 500.
KEOSAUQUA SENIOR CITIZENS CENTER 801 FRONT ST KEOSAUQUA, IA 52565	NONE	PUBLIC	LAURA DAUGHERITY MEMORIAL	Person or <input type="checkbox"/> Business <input type="checkbox"/> 188.

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

Continued

Line 3a statement

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Founda- tion status of re- cipient	Purpose of grant or contribution	Person or Business Checkbox Amount
a Paid during the year				
BRYCE PHILLIPS 24344 OSAGE AVE KEOSAUQUA IA 52565	NONE	N/A	EDUCATIONAL GRANT	Person or <input checked="" type="checkbox"/> Business <input type="checkbox"/> 500.
ZACH GOODMAN 15043 250TH ST CANTRIL IA 52542	NONE	N/A	MERIBAH REUBEL EDUCATIONAL AWARD	Person or <input checked="" type="checkbox"/> Business <input type="checkbox"/> 400.
DENISE DEVOLT 22167 HWY 2 KEOSAUQUA IA 52565	NONE	N/A	MEDICAL EDUCATION LOAN PROGRAM DEBT FORGIVENESS	Person or <input checked="" type="checkbox"/> Business <input type="checkbox"/> 3,367.
KASHA KITE 304 MAIN ST BONAPARTE IA 52620	NONE	N/A	MEDICAL EDUCATION LOAN PROGRAM DEBT FORGIVENESS	Person or <input checked="" type="checkbox"/> Business <input type="checkbox"/> 4,143.
KELLY YOUNKER 111 E. 2ND ST CANTRIL IA 52542	NONE	N/A	MEDICAL EDUCATION LOAN PROGRAM DEBT FORGIVENESS	Person or <input checked="" type="checkbox"/> Business <input type="checkbox"/> 4,398.
MARCHELLE MURRAY P.O. BOX 212 KEOSAUQUA IA 52565	NONE	N/A	MEDICAL EDUCATION LOAN PROGRAM DEBT FORGIVENESS	Person or <input checked="" type="checkbox"/> Business <input type="checkbox"/> 5,145.
PITTSBURG CEMETARY LOCAL KEOSAUQUA IA 52565	NONE	PUBLIC	CEMETARY MAINTENANCE	Person or <input type="checkbox"/> Business <input type="checkbox"/> 221.
VAN BUREN CO EXTENSION SERVICE 200 DODGE ST KEOSAUQUA IA 52565	NONE	PUBLIC	WASHINGTON TRIP	Person or <input type="checkbox"/> Business <input type="checkbox"/> 1,370.
DOUDS COMMUNITY CLUB, INC. P.O. BOX 173 DOUDS IA 52551	NONE	PUBLIC	WEST SIDE PARKING PROJECT	Person or <input type="checkbox"/> Business <input type="checkbox"/> 16,000.
VAN BUREN COUNTY EXTENSION SERVICE 200 DODGE STREET KEOSAUQUA IA 52565	NONE	PUBLIC	INTERMEDIATE TRIP	Person or <input type="checkbox"/> Business <input type="checkbox"/> 600.
VAN BUREN COUNTY HOSPITAL 304 FRANKLIN ST KEOSAUQUA IA 52565	NONE	PUBLIC	MATCHING FUNDS FOR CHILDCARE CENTER	Person or <input type="checkbox"/> Business <input type="checkbox"/> 100,000.
MILTON HERITAGE SOCIETY 301 N. MAIN MILTON IA 52570	NONE	PUBLIC	STAINED GLASS WINDOW RESTORATION	Person or <input type="checkbox"/> Business <input type="checkbox"/> 2,000.
CITY OF BIRMINGHAM 511 EAST CEDAR ST BIRMINGHAM IA 52535	NONE	PUBLIC	MESSAGE CENTER EQUIPMENT	Person or <input type="checkbox"/> Business <input type="checkbox"/> 1,260.
KEOSAUQUA CHAMBER OF COMMERCE P.O. Box 511 KEOSAUQUA IA 52565	NONE	PUBLIC	BROCHURES	Person or <input type="checkbox"/> Business <input type="checkbox"/> 3,950.
BONAPARTE PUBLIC LIBRARY P.O. Box 186 BONAPARTE IA 52620	NONE	PUBLIC	LAND PURCHASE AND PLANS	Person or <input type="checkbox"/> Business <input type="checkbox"/> 5,000.

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

Continued

Line 3a statement

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Founda- tion status of re- cipient	Purpose of grant or contribution	Person or Business Checkbox Amount
a <i>Paid during the year</i> VAN BUREN COUNTY HOSPITAL 304 FRANKLIN ST KEOSAUQUA IA 52565	NONE	PUBLIC	CARDIO PULMINARY EQUIPMENT	Person or <input type="checkbox"/> Business <input type="checkbox"/> 28,000.
FRIENDLY 4 CORNERS ASSOCIATION 18060 LARK AVE KEOSAUQUA IA 52565	NONE	PUBLIC	AUSTIN PARK SHELTER	Person or <input type="checkbox"/> Business <input type="checkbox"/> 1,500.
VAN BUREN RECREATION AREA 217 RIVERVIEW DRIVE KEOSAUQUA IA 52565	NONE	PUBLIC	RED CROSS SWIMMING LESSONS	Person or <input type="checkbox"/> Business <input type="checkbox"/> 2,500.
VAN BUREN COUNTY EXTENSION SERVICE 200 DODGE ST KEOSAUQUA IA 52565	NONE	PUBLIC	SECOR AWARD	Person or <input type="checkbox"/> Business <input type="checkbox"/> 50.

Total

240,381.

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

Line 3b statement

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Founda- tion status of re- cipient	Purpose of grant or contribution	Person or Business Checkbox Amount
b <i>Approved for future payment</i> BONAPARTE MAINSTREET CITY OF BONAPARTE BONAPARTE IA 52620	NONE	PUBLIC	GREAT PLACES BUILDING RENOVATION	Person or <input type="checkbox"/> Business <input type="checkbox"/> 10,530.
CITY OF KEOSAUQUA CITY HALL 804 1ST ST KEOSAUQUA IA 52565	NONE	PUBLIC	REPAIRS TO PUBLIC POOL	Person or <input type="checkbox"/> Business <input type="checkbox"/> 7,000.
VAN BUREN CO EXTENSION SERVICE 200 DODGE ST KEOSAUQUA IA 52565	NONE	PUBLIC	TRIP	Person or <input type="checkbox"/> Business <input type="checkbox"/> 1,000.
VAN BUREN COUNTY CONSERVATION BOARD 816 FRANKLIN ST KEOSAUQUA IA 52565	NONE	PUBLIC	IRA CORN HOUSE RESTORATION	Person or <input type="checkbox"/> Business <input type="checkbox"/> 5,000.
KEOSAUQUA CHAMBER OF COMMERCE P O BOX 511 KEOSAUQUA IA 52565	NONE	PUBLIC	WEBSITE	Person or <input type="checkbox"/> Business <input type="checkbox"/> 595.

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

Continued

Line 3b statement

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foun- dation status of re- cipient	Purpose of grant or contribution	Person or Business Checkbox Amount
b Approved for future payment				
BONAPARTE MAIN STREET CITY OF BONAPARTE BONAPARTE IA 52620	NONE	PUBLIC	FOOD PANTRY FREEZER	Person or <input type="checkbox"/> Business <input type="checkbox"/> 1,000.
HARMONY COMMUNITY SCHOOLS 33727 RT J40 FARMINGTON IA 52626	NONE	PUBLIC	SPORTS COMPLEX IMPROVEMENTS	Person or <input type="checkbox"/> Business <input type="checkbox"/> 10,000.
CITY OF KEOSAUQUA CITY HALL 804 1ST ST KEOSAUQUA IA 52565	NONE	PUBLIC	KIDS AT PLAY PLAYGROUND PROJECT	Person or <input type="checkbox"/> Business <input type="checkbox"/> 7,500.
CITY OF MILTON CITY HALL MILTON IA 52570	NONE	PUBLIC	CITY PARK SHELTER EXPANSION AND ROOF FOR LIBRARY	Person or <input type="checkbox"/> Business <input type="checkbox"/> 3,000.
BENTONSPORT IMPROVEMENT ASSN 21953 SANFORD ST KEOSAUQUA IA 52565	NONE	PUBLIC	STONE HOUSE RESTORATION	Person or <input type="checkbox"/> Business <input type="checkbox"/> 4,000.
FRIENDS OF LACEY STATE PARK 20360 RTE J40 KEOSAUQUA IA 52565	NONE	PUBLIC	PARK CAMPING SITES	Person or <input type="checkbox"/> Business <input type="checkbox"/> 15,000.
KEOSAUQUA ROTARY CLUB P.O. BOX 475 KEOSAUQUA IA 52565	NONE	PUBLIC	PLAYGROUND EQUIPMENT FOR KEOSAUQUA PARK	Person or <input type="checkbox"/> Business <input type="checkbox"/> 3,000.
BIRMINGHAM DEVELOPMENT P.O. BOX 96 NORTH ENGLISH IA 52316	NONE	PUBLIC	APARTMENTS DOOR REPLACEMENT	Person or <input type="checkbox"/> Business <input type="checkbox"/> 3,780.
FARMINGTON EMS P.O. BOX 554 FARMINGTON IA 52626	NONE	PUBLIC	NEW AMBULANCE	Person or <input type="checkbox"/> Business <input type="checkbox"/> 25,000.
CITY OF FARMINGTON EMS P.O. BOX 554 FARMINGTON IA 52626	NONE	PUBLIC	GENERATOR FOR FIRE STATION	Person or <input type="checkbox"/> Business <input type="checkbox"/> 6,000.
VAN BUREN RECREATION 217 RIVERVIEW DR KEOSAUQUA IA 52565	NONE	PUBLIC	MOWER	Person or <input type="checkbox"/> Business <input type="checkbox"/> 15,000.
CANTRIL IMPROVEMENT CORP 102 WEST SECOND ST CANTRIL IA 52542		PUBLIC	WINDOW REPLACEMENTS	Person or <input type="checkbox"/> Business <input type="checkbox"/> 4,194.

Total

121,599.

Form 990-PF, Page 1, Part I

Line 16b - Accounting Fees

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

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

L-10b Stmt

Line 10b - Investments - Corporate Stock:	End of Year	
	Book Value	Fair Market Value
COCA COLA COMPANY	3,450.	139,940.
EXXON MOBIL CORP	29,447.	120,783.
US BANCORP	31,646.	81,285.
GENERAL ELECTRIC COMPANY	7,792.	136,116.
WELLS FARGO & CO	40,096.	49,884.
PFIZER, INC	41,405.	51,157.
VANGUARD WELLESLEY INCOME FUND	750,541.	869,068.
VANGUARD STAR FUND	397,101.	398,128.
SMALLCAP WORLD FUND CL A	85,574.	88,571.
NEW WORLD FUND CL A	88,244.	117,334.
CAPITAL INCOME BUILDER FUND	304,095.	275,160.
BOND FUND OF AMERICA	413,167.	388,893.
AMERICAN MUTUAL FUND CL A	263,450.	272,398.
GOLDMAN SACHS MID CAP VALUE A	338,668.	313,270.
GOLDMAN SACHS GROWTH & INCOME A	162,296.	114,614.
CAPITAL WORLD BOND FUND	180,694.	188,937.
AMCAP FUND CL A	248,081.	256,226.
GOLDMAN SACHS EQU GRWTH STRAT FD	170,041.	117,308.
GOLDMAN SACHS GROWTH STRAT A	336,839.	229,725.
AMERICAN BALANCED FUND	4,658.	4,356.
CAPITAL WORLD GROWTH & INCOME	272,137.	192,343.
GOLDMAN SACHS CORE FIXED INCOME FUND	192,771.	197,799.
Total	<u>4,362,193.</u>	<u>4,603,295.</u>

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

L-10c Stmt

Line 10c - Investments - Corporate Bonds:	End of Year	
	Book Value	Fair Market Value
CHESAPEAKE & POTOMAC TEL DEBENTURE	100,000.	106,628.
GMAC SMART NOTES	100,000.	87,828.
Total	<u>200,000.</u>	<u>194,456.</u>

THE VAN BUREN FOUNDATION, INC.
42-6062589
2011

FORM 990-PF

	Beginning of year Book Value	End of year Book Value	End of year Fair Market Value
<u>Part II, Line 7</u>			
Medical and Nursing loans	<u>\$ 103,237</u>	<u>\$ 99,946</u>	<u>\$ 99,946</u>
Totals	<u><u>\$ 103,237</u></u>	<u><u>\$ 99,946</u></u>	<u><u>\$ 99,946</u></u>

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

L-14 Stmt

Line 14b - Description of Land, Buildings, and Equipment	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
LAND	1,000.	0.	1,000.
BUILDING & IMPROVEMENTS	1,189,805.	566,097.	623,708.
FURNITURE, FIXTURES & EQUIPMENT	74,002.	64,221.	9,781.
Total	<u>1,264,807.</u>	<u>630,318.</u>	<u>634,489.</u>

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

Other Assets Stmt

Line 15 - Other Assets:	Beginning Year Book Value	End of Year	
		Book Value	Fair Market Value
DIVIDEND RECEIVABLE	636.	296.	296.
Total	<u>636.</u>	<u>296.</u>	<u>296.</u>