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

OMB No 1545-0052

2011

Denad	ment of	the Treasury		i reate	a as a Private r	oungatio	on		20	
Interna	Reven	ue Service		Note. The foundation may be ab	le to use a copy of this retu	m to satisfy sta	te reporting requ	rements		
For o	alend	lar year 2011 or t	tax year begin	ning , a	ind ending					
Nan	e of fou	indation					A Emplo	oyer identification numbe	r	
_										
_ <u>D</u>		M MABEE 1			·			-6056202		
			mber if mail is not d	elivered to street address)		Room/suite		none number (see instruction	ons)	
		OX 1366 , state, and ZIP code					60:	<u>5-996-7755</u>		
•		HELL		SD 57301			C If exer	mption application is pendir	ng, check here	►L
		· · · · · · · · · · · · · · · · · · ·	Initial ref	F1	m of a formar public	abarit.	┥、	varian arrangentiana abadi	hara	▶ [
G C	neck a	all that apply:	Initial ref	<del></del>	n of a former public	cnamy		reign organizations, check		
			Final ret	H				reign organizations meetin % test, check here and atta	-	[
			Address				**	75 lest, crieck nere and alla	aci computation	
$\overline{}$		•	_	n 501(c)(3) exempt private				ate foundation status was to		
		n 4947(a)(1) none	-	ole trust Other taxabl	e private foundation		section	n 507(b)(1)(A), check here		<b>P</b> [
I Fa	ir mar	ket value of all as	sets at	J Accounting method:	X Cash A	ccrual	I	oundation is in a 60-month		_ [
er	d of ye	ear (from Part II, o		Other (specify)			under	section 507(b)(1)(B), chec	k here	► į
lin	e 16) l	<b>▶</b> \$	715,044	(Part I, column (d) must	be on cash basis )					
Pa	<u>ırt I</u>			(penses (The total of	(a) Revenue and	(h) Net	investment	(c) Adjusted net		ursements aritable
		amounts in columns the amounts in columns		y not necessarily equal ions))	expenses per books		ncome	income	purp	oses
	<b>-</b>		<del></del>			+			(cash ba	asis only)
	1		_	ceived (attach schedule)				· · · · · · · · · · · · · · · · · · ·		
	2	_		not required to attach Sch. B	4,34	0	4,348			
	3		=	rary cash investments		_+				
	4	Dividends and ir	nterest from se	curities	20,07	<u> </u>	20,070		<del>   </del>	
	5a	Gross rents								
ē	b	Net rental incom	• •	<del></del>	44.00				<del>_</del>	
Revenue	6a	Net gain or (loss) from			11,83	4				
Š	þ	Gross sales price for a		151,297						
Œ	7	Capital gain net	•	Part IV, line 2)	<u> </u>	_	11,834	* *		٠.
	8	Net short-term of							0	<del></del>
	9	Income modifica	ations	1					<u> </u>	
	10a	Gross sales less re		ces			·			
	b	Less. Cost of go		L	٧					
	C	Gross profit or (	loss) (attach so	chedule)		_				
	11	Other income (a	attach schedule	e)						
	12	Total. Add lines	1 through 11		36,25		36,252		0	
Ś	13	Compensation of	of officers, dire	ctors, trustees, etc.	7,74	2	5,161			2,58
ses	14	Other employee		•						
ē	15	Pension plans,	employee bene	efits						
Expen	16a	Legal fees (atta	ch schedule)	SEE STMT 1	15	9				15
e H	b	Accounting fees	s (attach sched	•						
Ě	С	Other professional	l fees (attach sch	edule) STMT 2	86	4	864			
ā	17	Interest						REC	JENVEL	
<u>s</u>	18	Taxes (attach scho	edule) (see instru	ictions) STMT 3	37	3	373			
Ę	19	Depreciation (attac	ch schedule) and	depletion				- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	9 0000	18
Administrative	20	Occupancy						MAK (1)	<b>∠ V</b> ∠UI∠	ایا
	21	Travel, conferer	nces, and mee	tings				Ш		18
and /	22	Printing and put	blications					l oco		
	23	Other expenses (att. s		STMT 4	88	3			11 b, U	20
Ë	24	Total operating	g and adminis	trative expenses.						
~ <u>a</u>	1	Add lines 13 thr	_	-	10,02	1	6,398		0	2,94
Operating (	25	Contributions, gifts, gr	ants paid			0				
- O	26			ents. Add lines 24 and 25	10,02	1	6,398		0	2,94
<u> </u>	27	Subtract line 26								
Z	a			es and disbursements	26,23	ī				
CANNEL	Ь		•	egative, enter -0-)	-	1	29,854			•
Ĉ	ہ ا	Adjusted not in	ncome (if near	ative enter -0-1		<u> </u>			0	
<u> </u>	Danas	work Reduction	Act Notice S	ee instructions						0-PF (20

FC	orm 990	P-PF (2011) D & M MABEE TRUST		46-6056204	<u> </u>	Page <b>2</b>
ſ	Part I	Balance Sheets Attached schedules and amounts in the description column		Beginning of year	End of	year
		should be for end-of-year amounts only (See instructions)		(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing		5,691	29,270	29,270
	2	Savings and temporary cash investments				
	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 (att schedule)				
	'	Less. allowance for doubtful accounts	0			
,,	8	Inventories for sale or use	·			<del></del>
Assets	9					
SS	10-	Prepaid expenses and deferred charges	5	25 701	4F 400	45,499
4		Investments—U.S. and state government obligations (attach schedule)	6	25,781	45,499	
	b	Investments—corporate stock (attach schedule)  SEE STMT	7	677,556	399,662	399,662
	C	(4.11.0.11.0.11.0.11.0.11.0.11.0.11.0.11	,	71,650	240,613	240,613
	11	Investments—land, buildings, and equipment basis		* ` ` ` -		J
	۱	Less accumulated depreciation (attach sch.)				-
	12	Investments—mortgage loans				
	13	Investments—other (attach schedule)				
	14	Land, buildings, and equipment basis				
	l	Less accumulated depreciation (attach sch )				
	15	Other assets (describe ▶	)			
	16	Total assets (to be completed by all filers—see the				
_	<u> </u>	instructions. Also, see page 1, item I)		780,678	715,044	715,044
	17	Accounts payable and accrued expenses				` * *
10	18	Grants payable				
Liabilities	19	Deferred revenue				
Ē	20	Loans from officers, directors, trustees, and other disqualified persons				<i></i> },
Œ	21	Mortgages and other notes payable (attach schedule)				4
_	22	Other liabilities (describe ▶	)			* '.
_	23	Total liabilities (add lines 17 through 22)		0	0	
		Foundations that follow SFAS 117, check here	► X			· ' )
ės		and complete lines 24 through 26 and lines 30 and 31.				
Ĕ	24	Unrestricted		780,678	715,044	
Net Assets or Fund Balance	25	Temporarily restricted				
8	26	Permanently restricted				*
Š		Foundations that do not follow SFAS 117, check here				* 1
F		and complete lines 27 through 31.				~ [
0	27	Capital stock, trust principal, or current funds				·
ĕ	28	Paid-in or capital surplus, or land, bldg., and equipment fund				
Š	29	Retained earnings, accumulated income, endowment, or other funds				
te	30	Total net assets or fund balances (see instructions)		780,678	715,044	
ž	31	Total liabilities and net assets/fund balances (see				
		instructions)		780,678	715,044	
Γ	Part I	II Analysis of Changes in Net Assets or Fund Balanc	es	•	<del></del>	<del>-</del>
1	Total	net assets or fund balances at beginning of year-Part II, column (a), line		st agree with		
		of-year figure reported on prior year's return)	****	•	1	780,678
2		r amount from Part I, line 27a			2	26,231
		r increases not included in line 2 (itemize) ▶			3	-,
		lines 1, 2, and 3			4	806,909
		eases not included in line 2 (itemize) SEE STATEMENT 8			5	91,865
		net assets or fund balances at end of year (line 4 minus line 5)—Part II, c	olumn (	b). line 30	6	715,044
<u> </u>		The state of the s	<u>-</u>	-,,		5 QQA-DF (2011)

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

Form	990-PF (2011) D & M MABEE TRUST 46-6056202		Pa	<u>ige <b>4</b></u>				
Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)							
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1			į				
	Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)							
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check							
	here ▶ ☐ and enter 1% of Part I, line 27b							
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of							
	Part I, line 12, col. (b).							
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0				
3	Add lines 1 and 2		5	<u> </u>				
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			0				
5	Tax based on Investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	597				
6	Credits/Payments:	,						
а	2011 estimated tax payments and 2010 overpayment credited to 2011 6a 600	,		1				
b	Exempt foreign organizations—tax withheld at source 6b ,	· ,^						
C	Tax paid with application for extension of time to file (Form 8868)	5. 5						
d	Backup withholding erroneously withheld 6d 6d	1. 2 kg		]				
7	Total credits and payments. Add lines 6a through 6d		6	<u> 500</u>				
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached8							
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed							
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			3				
11	Enter the amount of line 10 to be: Credited to 2012 estimated tax ▶ 3 Refunded ▶ 11							
PE	rt VII-A Statements Regarding Activities							
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	<u> </u>	⁄es	No				
	participate or intervene in any political campaign?	1a	_	<u> </u>				
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19		İ					
	of the instructions for definition)?	1b	_	<u> </u>				
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	1 .	\$	**				
	published or distributed by the foundation in connection with the activities.			ليد				
C	Did the foundation file Form 1120-POL for this year?	1c		<u> </u>				
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	1 4		, ,				
	(1) On the foundation. ▶ \$ (2) On foundation managers. ▶ \$	1 .	÷	, ·				
0	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	, N	` ,					
	on foundation managers.   \$		·	<u> </u>				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X				
	If "Yes," attach a detailed description of the activities.	1 1	, 1	2,1				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of	-		X				
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3	$\dashv$					
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X				
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		<u></u>				
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5	-					
_	If "Yes," attach the statement required by General Instruction T.	8	١, ١	,				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:	1 1						
	By language in the governing instrument, or     By state logicalities that effectively amende the governing instrument on that no mandatory directions that			1				
	By state legislation that effectively amends the governing instrument so that no mandatory directions that	6	×	لـــــــــا				
_	conflict with the state law remain in the governing instrument?	7	$\hat{\mathbf{x}}$					
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	<del>                                     </del>	^					
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)							
	SD  If the engine is "Ver" to line 7, has the foundation furnished a conjust Form 000 PE to the Attempt Gaparal							
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	8b	x					
_	(or designate) of each state as required by General Instruction G? If "No," attach explanation	00						
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			<b>-</b>				
	4942(j)(5) for calendar year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes,"	9		х				
40	complete Part XIV	+						
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	10		х				
_	names and addresses	Form <b>99</b> (	)-PF					

Form 990-PF (2011)

Part VII-B  s   Statements Regarding Activities for Which Form 4720 May Be Required (continued)    So   Derignet by earl did the foundation pay or incur any amount to   (1) Carry on propagands, or otherwise attempt to influence legislation (section 4945(e))?   yes   No	Form	990-PF (2011) <b>D &amp; M MABEE TRUST</b>	46-6	056202			Pa	age <b>6</b>
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?  (2) Influence the outcome of any specific public election (see section 4956); or to carry on, directly or indirectly, any voter registration drive?  (3) Provide a grant to an individual for travel, study, or other similar purposes?  (4) Provide a grant to an individual for travel, study, or other similar purposes?  (5) Provide a grant to an individual for travel, study, or other similar purposes?  (6) Provide a grant to an individual for travel, study, or other similar purposes?  (7) Provide a grant to an individual for travel, study, or other similar purposes?  (8) Provide a grant to an individual for travel, study, or other similar purposes?  (9) Provide a grant to an individual for travel, study, or other similar purposes?  (9) Provide a grant to an individual for travel, study, or other similar purposes?  (9) Provide a grant to an individual for travel, study, or other similar purposes?  (9) Provide a grant to an individual for travel, study, or other similar purposes?  (9) Provide a grant to an individual for travel, study, or other similar purposes?  (9) Provide a grant to an individual for travel, study, or other similar purposes?  (9) Provide a grant to an individual for travel, study, or other similar purposes?  (1) If the answer is "Yes" to Sulf-(-0), did any of the transaction for the exceptions of the formation of the formatio	Pa	rt VII-B Statements Regarding Activities for Which Form	4720 May Be R	lequired (conti	nued)			
2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or undirectly, any conference of the contract of the c	5a	During the year did the foundation pay or incur any amount to						
directly or notineably, any voter registration drive?  (3) Provide a grant to an organization other than a charitable, etc., organization described in section 500(a)(1), (2), or (3), or section 490(a)(2)? (see instructions)  (5) Provide a grant to an organization other than a charitable, etc., organization described in section 500(a)(1), (2), or (3), or section 490(a)(2)? (see instructions)  (5) Provide for any purposes, or for the prevention of cruelly to children or animals?  (6) If any granes in "Vee' to Sall," (5), did any of the transactions fall to qualify under the exceptions described in Regulations section 53,495 or in a current notice regarding disaster assestance (see instructions)?  (6) Provide a grant to an organization of the transactions fall to qualify under the exceptions described in Regulations section 53,495 or in a current notice regarding disaster assestance (see instructions)?  (6) Provide a grant to an organization of the transactions of the transaction of the exceptions seed of the animal purposes, or the prevention of cruelly to the grant?  (a) Privas, "attach the statement required by Regulations section 53,4945-5(d).  (b) Description of the animal purposes of the form 8870.  (c) If Yee's to 6b, life Form 8870.  (a) When a form of the form 8870.  (b) If Yee's to 6b, life Form 8870.  (c) Name and address of each employees (other than those included on line 1—see Instructions). If none, enter "NONE."  (a) Name and address of each employees (other than those included on line 1—see Instructions). If none, enter "NONE."  (b) Name and address of each employees (other than those included on line 1—see Instructions). If none, enter "NONE."  (c) Compensation of five highest-pald employees (other than those included on line 1—see Instructions). If none, enter "NONE."  (d) Name and address of each employees (other than those included on line 1—see Instructions). If none, enter "NONE."  (e) Compensation of the highest-pald employees (other than those included on line 1—see Instructions). If none,		(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4	1945(e))?	_ Y	es X No	1		
(a) Provide a grant to an organization other than a charitable, i.e., organization described in section 508(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions)  (5) Provide for any purpose other than religious, charitable, secentific, iterary, or educational purposes, or for the prevention of cruelty to children or animals?  b if any answer is "Yes" to Sa(1)—(5), did any of the transactions fall to quality under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance of the the relations of the composition of the tax because it maintained expenditure responsibility for the grant?  If "Yes and the statement required by Rejulations section 53.4945-5(d).  Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If "Yes and the statement required by Rejulations section 53.4945-5(d).  Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If "Yes and the foundation during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Yes X No  If "Yes and the foundation during the tax year, was the foundation a party to a prohibited tax shelter transaction?  In Information About Officers, proceeds or have any net income attributable to the transaction?  In Information About Officers, proceeds or have any net income attributable to the transaction?  In Information About Officers, directors, trustees, foundation managers and their compensation (see instructions). If none, enter "NONE."  (a) Name and address of each employee part more than \$50,000  I		(2) Influence the outcome of any specific public election (see section 4955); or	to carry on,					1
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4340(d)(2)? (see instructions)   (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?   b   if any answer is "Yes" to \$1(1-(5), dat any of the transactions that to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?   Cryanizations relying on a current notice regarding disaster assistance check here   c   if the answer is "Yes" to question \$4(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?   If "Yes", "attach the statement required by Regulations section 53.4945-5(d).   Ga Did the foundation, during the year, receive any funds, directly or indirectly, on a personal benefit contract?   Did the foundation, during the year, personal provided in a party to a prohibited tax shelter transaction?   Yes  No		directly or indirectly, any voter registration drive?		Y	es X No			
saction 506(a)(1), (2), or (3), or saction 4940(d)(2) (see instructions)		(3) Provide a grant to an individual for travel, study, or other similar purposes?		Y	es 🗓 No	ľ		
(6) Provide for any purpose other than religious, chartable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  b If any answer is "Yes" to Sa(t)—(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 check here  c If the answer is "Yes" to question Sa(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  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?  If "Yes to 6b, the Form 887.7  a At any time during the year, was the foundation a party to a prohibited tax sheller transaction?  If Yes to 6b, the Form 887.7  b If Yes, differently in the foundation of the state of the foundation of the f		(4) Provide a grant to an organization other than a charitable, etc., organization	described in					
b If any answer is "Yes" to 5a(1)—(5), did any of the transactions tall to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  If "Yes a train the statement required by Regulations section from the tax because it maintained expenditure responsibility for the grant?  If "Yes a train the statement required by Regulations section 53.4945-5(d).  But the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  If "Yes do 6b, file Form 870.  A train time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Yes No  N/A 7b  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  List all officers, directors, trustees, foundation managers and their compensation (see instructions).  (a) Name and address of each employees and more than those included on line 1—see instructions). If none, enter "NONE."  (b) Tile, and average hours year week deviced to position (c) Compensation (c) Compen		section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions)		_ Y	es 🗓 No		1	
b If any answer is "Ses" to 5a(1)—(5), did any of the transactions fall to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance check here  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?  If "Yes," attach the statement required by Regulations section 53.4945-fd),  Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If Yes, did the foundation receive any proceeds or have any net income attributable to the transaction?  If Yes, did the foundation about Officers, Directors, Trustees, Foundation Managers, Highly Pald Employees, and Contractors  I List all officers, directors, trustees, foundation managers and their compensation (see instructions).  (a) Name and address  (b) Tide, and average for compensation of five highest-pald employees (other than those included on line 1—see instructions). If none, enter "NONE."  (b) Tide, and average foundation in the part of the highest-pald employees (other than those included on line 1—see instructions). If none, enter "NONE."  (c) Compensation of five highest-pald employees (other than those included on line 1—see instructions). If none, enter "NONE."  (d) Name and address of each employees paid more than \$50,000		(5) Provide for any purpose other than religious, charitable, scientific, literary, or	r educational					l
Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance check here  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?  N/A   Yes   No   If 'Yes' attach the statement required by Regulations section 53.4945-5(d).  But the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If 'Yes' to 8b, file Form 8870.  A tran ytme during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Yes No   No   Yes No   No   No   No   No   No   No   No		purposes, or for the prevention of cruelty to children or animals?		Y	es 🗶 No			ŀ
Organizations relying on a current notice regarding disaster assistance check here  If the answer is "Yes" to question Sa(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section 53.494-5(d).  Bid the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Did the foundation, during the year, receive any funds, directly or indirectly, on a personal benefit contract?  If Yes to the, the Form 8870.  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officere, directore, trustees, foundation managers and their compensation (see Instructions).  (a) Name and address  (b) Tills, and average horist give revent (c) (c) Compensation (compression)  (b) Tills, and average horist give revent (c) (c) Compensation (c) Compensation (compression)  (c) Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."  (c) Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."  (d) Name and address of each employee paid more than \$50,000  NONE  (e) Compensation (c) Compensation (e) Compens	b	If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	er the exceptions d	lescribed in				
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?  N/A Yes No If Yes, "attach the statement required by Regulations section 53.4945-5(d).  50 Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If Yes to 6b, the Form 8870.  7 A 1 at any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  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) Tills, and swrape (c) Compensation (d) Contributions to managers and their compensation (see instructions).  FIRST NATIONAL BANK SD-TRUST DEPT MITCHELL TRUSTEE  PO BOX 1366  SD 57301  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 \$60,000  (b) Tills, and everage hours per week devoted to position (e) Compensation entry exemple to the propose benefit glass and other stores account, other allowances compensation.  (c) Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."  (e) Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."  (e) Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."  (e) Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter (e) Com		Regulations section 53.4945 or in a current notice regarding disaster assistance	(see instructions)?	<b>&gt;</b>	N/A	5b		
because it maintained expenditure responsibility for the grant?  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?  b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If Yes IN No  If Yes IN No  Bb IX No  If Yes IN No  If Yes IN No  Bb IX No  If Yes IN No  If Yes IN No  Bb IX No  If Yes IN No  If Yes IN No  Bb IX No  If Yes IN No  If Yes IN No  If Yes IN No  If Yes IN No  Bb IX No  If Yes IN No  If Yes IN No  Bb IX No  If Yes IN No  If Yes IN No  Bb IX No  If Yes IN		Organizations relying on a current notice regarding disaster assistance check he	ere		▶ 🗌		-	}
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?  b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  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?  9a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  9b If Yes, did the foundation receive any proceeds or have any net income attributable to the transaction?  9a At any time during the tax year, was the foundation and any time during the tax year, was the foundation form the tax year and contractors.  1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).  (a) Name and address  (b) Tile, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit of their divinitions to employee benefit of their divinitions to employee benefit of their divinitions to employee benefit of their divinitions.  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) Tile, and average hours per week devoted to position  (c) Compensation  (d) Compensation  (e) Compensation  (d) Compensation  (e) Compensation  (e) Compensation  (f) Compensation  (e) Compensation  (f) Compensation  (e) Compensation  (f) Compensation  (f) Compensation  (g) Tile, and average hours per week devoted to position  (e) Tile, and average hours per week devoted to position  (e) Compensation  (f) Compensation  (g) Compensati	С	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from	om the tax				1	1
On a personal benefit contract?  I'Yes X No  Did the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  I'Yes X No  Did the foundation during the year, pay premiums, directly or indirectly, on a personal benefit contract?  I'Yes X No  Did the foundation groups and the foundation aparty to a prohibited tax shelter transaction?  Ves X No  Dit Yes, did the foundation receive any proceeds or have any net income attributable to the transaction?  N/A 7b  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  List all officers, directors, trustees, foundation managers and their compensation (see instructions).  List all officers, directors, trustees, foundation managers and their compensation (see instructions).  I List all officers, directors, trustees, foundation managers and their compensation (see instructions).  I List all officers, directors, trustees, foundation managers and their compensation (see instructions).  I List all officers, directors, trustees, foundation managers and their compensation (see instructions).  I List all officers, directors, trustees, foundation managers and their compensation (see instructions).  I List all officers, directors, trustees, foundation managers and their compensation (see instructions).  I List all officers, directors, trustees, foundation managers and their compensation (see instructions).  I List all officers, directors, trustees, foundation managers and their compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter  "NONE."  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 pad more than \$50,000   Did file, and everage hours per week devoted to postore  (b) Tile, and everage hours per week devoted to postore  (c) Compensation of five highest-paid employees (other than those		because it maintained expenditure responsibility for the grant?		N/A 🗌 Y	es 🗌 No			İ
on a personal benefit contract?  b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If 'Yes' to bi, file Form 8870.  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  If Yes, did the foundation receive any proceeds or have any net income attributable to the transaction?  Part YIII 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) Tife, and average hours prevent (fill not paid, enter reproyee bornet plans and defense plans		If "Yes," attach the statement required by Regulations section 53.4945-5(d).			_			1
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If 'Yes' to 6b, file Form 8870.  A rat nyt med during the tax year, was the foundation a party to a prohibited tax shelter transaction?  If Yes, did the foundation receive any proceeds or have any net income attributable to the transaction?  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) Tile, and average decided to position (e) Compensation (e) Expense account, inher allowances (e) Tile, and average decided to position (e) Tile, and average decided to position (e) Tile, and average for the paid, enter found previous, and deferred compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."  2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."  (b) Tile, and average how the properties of each employee paid more than \$50,000  (c) Compensation (e) Compensa	6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pa	ay premiums		Ì		1	
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?		on a personal benefit contract?		Y	'es 🗶 No			
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes No N/A 7b N/A	b	Did the foundation, during the year, pay premiums, directly or indirectly, on a pe	rsonal benefit contr	ract?		_6b		<u> </u>
b If Yes, did the foundation receive any proceeds or have any net income attributable to the transaction?    Part VIII		If "Yes" to 6b, file Form 8870.						1
Part VIII	7a	At any time during the tax year, was the foundation a party to a prohibited tax sh	elter transaction?	_ v	'es 🗶 No			
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 (fill not paid, enter plans and deferred compensation (propose benefit plans and deferred propose benefit plans and de	b							
1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).  (a) Name and address  (b) Title, and average hours per week devoled to position  FIRST NATIONAL BANK SD-TRUST DEPT MITCHELL  PO BOX 1366  SD 57301  TRUSTEE  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  NONE  Total number of other employees paid over \$50,000	Pa	rt VIII Information About Officers, Directors, Trustees, Fo	undation Man	agers, Highly	Paid Employe	es,		
(a) Name and address  (b) Tille, and average hours per week devoted to position  (c) Compensation (fit not paid, enter employee and address of each employee paid more than \$50,000  PIRST NATIONAL BANK SD-TRUST DEPT MITCHELL PO BOX 1366  SD 57301  TRUSTEE  TRUSTEE  5.00  7,742  0  0  0  0  0  0  0  0  0  0  0  0  0		and Contractors						
(a) Name and address (b) Name and address (c) Ones reveek (r) (find park enter one) (fin	1 1	ist all officers, directors, trustees, foundation managers and their compens	ation (see instruc	tions).				
(a) Name and address but the following specified by the following specified			(b) Title, and average	(c) Compensation		١		
FIRST NATIONAL BANK SD-TRUST DEPT MITCHELL TRUSTEE PO BOX 1366 SD 57301 5.00 7,742 0 0  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 hourse tweek devoted to position (c) Compensation		(a) Name and address	hours per week	(If not paid, enter				
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  NONE  (b) Tillé, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plars and deferred compensation other allowances  (e) Compensation  Total number of other employees paid over \$50,000			devoted to position	-0-)	compensation	<u> </u>		
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) Tills, 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  Total number of other employees paid over \$50,000	FI	RST NATIONAL BANK SD-TRUST DEPT MITCHELL	TRUSTEE	1				
**NONE.**  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  NONE  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances  Total number of other employees paid over \$50,000	PC	BOX 1366 SD 57301	5.00	7,742	0	Ь—		0
**NONE.**  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  NONE  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances  Total number of other employees paid over \$50,000								
**NONE.**  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  NONE  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances  Total number of other employees paid over \$50,000						Ь—		
**NONE.**  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  NONE  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances  Total number of other employees paid over \$50,000								
**NONE.**  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  NONE  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances  Total number of other employees paid over \$50,000						<u> </u>		
**NONE.**  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  NONE  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances  Total number of other employees paid over \$50,000			1	ı				
**NONE.**  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  NONE  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances  Total number of other employees paid over \$50,000			<u>.l</u>			<u> </u>		
(a) Name and address of each employee paid more than \$50,000  NONE  (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  Total number of other employees paid over \$50,000	2		on line 1—see ins	tructions). If non-	e, enter			
(a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation  (e) Expense account, other allowances  (e) Expense account, other allowances  (f) Compensation  (h) Remployee benefit plans and deferred compensation  (h) Remployee benefit plant and deferred compensation  (h) Remployee benefit plant and deferred compensation  (h) Remployee benefit plant and deferred compensation  (h) Remployee benefit plant and deferred compensation  (h) Remployee benefit plant and deferred compensation  (h) Remployee benefit plant and deferred compensation  (h) Remployee benefit plant and deferred compensation  (h) Remployee benefit plant and deferred compensation  (h) Remployee benefit plant and deferred comp		"NONE."	T	r				
NONE    Compensation						(e) Exc	oense ac	ecount.
NONE  Total number of other employees paid over \$50,000		(a) Name and address of each employee paid more than \$50,000		(c) Compensation	plans and deferred			
Total number of other employees paid over \$50,000 ▶ 0			dovoted to position		compensation	-		
	N	NE						
						—		
			-	ļ		<b>↓</b>		
			<del> </del>	ļ		—		
			}					
			<del>                                     </del>	-		-		
			}					
	T-A-	I number of other employees paid ever \$50,000	.1		l .		<del></del>	
	1018	in rumber of other employees paid over 400,000				QQ	O-PF	

Form 990-PF (2011) <b>D &amp; M MABEE TRUST</b>	46-6056202	Page <b>7</b>
Part VIII \ Information About Officers, Directors, Trustees, Fo		
and Contractors (continued)		<del></del>
3 Five highest-paid independent contractors for professional services (see	nstructions). If none, enter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
<del></del>		
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 informorganizations and other beneficianes served, conferences convened, research papers produced, etc.	nation such as the number of	Expenses
1 N/A		-
2		
3		
	<del></del>	
4		
Part IX-Bill Summary of Program-Related Investments (see in	nstructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and		Amount
1 N/A		
2		
All other program-related investments. See instructions		
3		
Total. Add lines 1 through 3	<u></u> . ▶ [	

Form 990-PF (2011)

2,940

<u>3a</u> 3b

4

5

Suitability test (prior IRS approval required)

Enter 1% of Part I, line 27b (see instructions)

Cash distribution test (attach the required schedule)

Adjusted qualifying distributions. Subtract line 5 from line 4

qualifies for the section 4940(e) reduction of tax in those years.

Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.

Form 990-PF (2011) D & M MABEE TRUST				Page 9		
Part XIII . Undistributed Income (see instructions)			)	rage s		
	,		(a)	(b)	(c)	(d)
1	Distributable amount for 2011 from Part	XI,	Corpus	Years pnor to 2010	2010	2011
	line 7			· .	- * . * . * . * . * . * . * . * . * . *	37,810
2	Undistributed income, if any, as of the er	nd of 2011.		, , ,	3, 3, 2,	· /
а	Enter amount for 2010 only			<b>'</b> *		200
b	Total for prior years. 20 , 20	, 20			12	
3	Excess distributions carryover, if any, to	2011:		· .	,	
а	From 2006		* \$ ' · ' , , , , , , , , , , , , , , , , ,	là và	4	
þ	From 2007		3. Sec. 1	[*	* *	
C	From 2008			3 70.4		
d	From 2009	4,082		*.5.		
e	From 2010	1,171				
f	Total of lines 3a through e		5,253	, ***	2, 3,	·
4	Qualifying distributions for 2011 from Par	rt XII,	,			
	line 4: ▶ \$ 2,940	•		The state of the s		`."
а	Applied to 2010, but not more than line 2			10 K		.» <sup>*</sup>
b	Applied to undistributed income of prior y	years				\$ 3 BUS 125 A
	(Election required—see instructions)				****	) (W-1/W) (A)
С	Treated as distributions out of corpus (El	lection				
	required—see instructions)				***************************************	
d	Applied to 2011 distributable amount		4.20	3.0		2,940
- 0	Remaining amount distributed out of corp				* :	
5	Excess distributions carryover applied to		5,253			5,253
	(If an amount appears in column (d), the	same				
_	amount must be shown in column (a).)			Para St.	7. 7. V.	
6	Enter the net total of each column as					
_	Indicated below:	-4 l F				
a	Corpus. Add lines 3f, 4c, and 4e. Subtrac			5 3kg / 2 1	* * * * *	
D	Prior years' undistributed income. Subtra line 4b from line 2b	ICT				
		u dad				
С	Enter the amount of prior years' undistrib income for which a notice of deficiency h					
	been issued, or on which the section 494					
	tax has been previously assessed	+2(a)				
d	Subtract line 6c from line 6b. Taxable				*	**************************************
•	amount—see instructions					
e	Undistributed income for 2010. Subtract	line	X z	×		
_	4a from line 2a. Taxable amount—see			<b>1</b>		
	instructions					
f	Undistributed income for 2011, Subtract	lines		2. *)	- % 💫	<u> </u>
	4d and 5 from line 1. This amount must t	be	1 1			
	distributed in 2012			.*;		29,617
7	Amounts treated as distributions out of c	orpus			* **	* * .
	to satisfy requirements imposed by section	on			, , , , , , , , , , , , , , , , , , , ,	· · · · . · . · . · . · . · . · . · . ·
	170(b)(1)(F) or 4942(g)(3) (see instructio	ns)		,<,>,	* ;	3
8	Excess distributions carryover from 2006	3 not			( 5 %	, , , , , , , , , , , , , , , , , , , ,
	applied on line 5 or line 7 (see instruction	ns)			`	
9	Excess distributions carryover to 2012	2.		-		
	Subtract lines 7 and 8 from line 6a				\ <u>`</u>	
10	Analysis of line 9 <sup>.</sup>	•	5	* *	ν.	, ,
а	Excess from 2007		, ,	1, .	ì	*
b	Excess from 2008			- \$.	•	, ,
C	Excess from 2009			,		÷
d	Excess from 2010		· **	* * * * * * * * * * * * * * * * * * * *		1 · 1
A	Excess from 2011		l .	1 1 4	l <sub>x</sub>	

Pa	rt XIV Private Operating Fou	ındations (see ins	structions and Par	t VII-A, question 9		
1a	If the foundation has received a ruling or					
	foundation, and the ruling is effective for			<b>•</b>		
b	Check box to indicate whether the found		=	bed in section 49	42(j)(3) or 4942	?(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		<u> </u>
	income from Part I or the minimum	(a) 2011	(b) 2010	(c) 2009	(d) 2008	(e) Total
	investment return from Part X for					
	each year listed					
b	85% of line 2a					
c	Qualifying distributions from Part XII,					·
	line 4 for each year listed					
d	Amounts included in line 2c not used directly					
u	for active conduct of exempt activities					
8	Qualifying distributions made directly					
•	for active conduct of exempt activities.					
	Subtract line 2d from line 2c					
3					"	
3	Complete 3a, b, or c for the					
_	alternative test relied upon: "Assets" alternative test—enter:					
а						
	(1) Value of all assets	<u> </u>			-	
	(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					
С	"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	<del> </del>				
	(4) Gross investment income  Supplementary Information	nation (Complete	this part only if	the foundation h	nd \$5 000 or more	in accets at
<u> </u>	any time during the y			the loundation in	ad \$5,000 or inore	ร 111 ดออธเอ ดเ
1	Information Regarding Foundation Ma		10113.7			
' a	List any managers of the foundation who		e than 2% of the total	contributions received	hy the foundation	
u	before the close of any tax year (but only					
	N/A	in they have continue	ca more than 40,000).	(000 3001011 307 (4)(2)	1.1	
	List any managers of the foundation who	own 10% or more of	the stock of a comorat	tion (or an equally large	nortion of the	
-	ownership of a partnership or other entit		· ·		portion of the	
	N/A	y) or which the loanda	aorrido a rozo or groc	nor interest.		
2	Information Regarding Contribution,	Grant, Gift, Loan, Sch	nolarship, etc., Progr	ams:		
_			-	ble organizations and c	loes not accept	
	unsolicited requests for funds. If the four		-	_		
	other conditions, complete items 2a, b, o		anto, etc (eee mende	none, to marriagate or t	organizationo andor	
	The name, address, and telephone num		nom applications shou	ild he addressed:	·	<del></del>
u	N/A	ber or the person to th	nom apphoations snot	iid be dddressed.		
	The form in which applications should be	e submitted and inform	ation and materials th	ey should include:		
	N/A			<u> </u>		
С	Any submission deadlines					
_	N/A					
d	Any restrictions or limitations on awards	, such as by geograph	ical areas, charitable f	ields, kınds of ınstıtutio	ns, or other	
	factors:					
	N/A					

Part XV 🔻 Supplementary Information (co	ntinued)	·		
Part XV Supplementary Information (co Grants and Contributions Paid During the	Year or Approved for F	uture Payment		···
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	reapient		
a Paid during the year		1		
N/A				
			1	
1				
Į			1	
			1	
			1 1	
			1	
			1	
			1	
Total		1	▶ 3a	
b Approved for future payment			34	
N/A				
,				
			1	
			1	
		<u></u>	1	
Total			▶ 3b	

Enter gross amounts unless otherwise indicated.		Unrelated business income		Excluded	by section 512, 513, or 514	(e)	
	service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	( <b>d)</b> Amount	(e) Related or exempt function income (See instructions)	
b							
1		·					
g Fees	and contracts from government agencies	·					
_	nip dues and assessments						
	n savings and temporary cash investments			14	4,348		
	and interest from securities			14	20,070		
		- 18 × C = 1	The state of the s				
	income or (loss) from real estate:	\$ 75° 15° 144°	(***	N ( ) ( ) ( ) ( )	1 Ex 1 / 1 7 7 2 2 3	* Track 1 V	
	financed property						
	ebt-financed property			<del>├</del>			
	income or (loss) from personal property			<del>  -</del> -			
	estment income			14	11 024		
-	oss) from sales of assets other than inventory	<del></del>		14	11,834	<u> </u>	
	e or (loss) from special events	<u> </u>		<u> </u>			
	fit or (loss) from sales of inventory	-		<del> </del>			
	enue: a			-			
		.		<del>                                     </del>	· · · · · · · · · · · · · · · · · · ·		
	<del></del>			<del>                                     </del>			
e			ļ		2 - 2 - 2		
12 Subtotal	Add columns (b), (d), and (e)	***		) <u>} -</u> - ::	36,252	0	
						36 050	
13 Total, Add	d line 12, columns (b), (d), and (e)	<u> </u>			13 _	36,252	
13 Total. Add	et in line 13 instructions to verify calculations.)		and of Evenue D			36,252	
13 Total, Add (See workshe Part XVI-	et in line 13 instructions to verify calculations.)  B: Relationship of Activities to the A				es		
13 Total, Add (See workshe Part XVI- Line No.	et in line 13 instructions to verify calculations.)  B <sup>12</sup> Relationship of Activities to the A  Explain below how each activity for which income	e is reported in o	column (e) of Part XVI	-A contrib	s outed importantly to the	9	
13 Total, Add (See workshe Part XVI- Line No.	et in line 13 instructions to verify calculations.)  B: Relationship of Activities to the A	e is reported in o	column (e) of Part XVI	-A contrib	s outed importantly to the	9	
13 Total, Add (See workshe Part XVI- Line No.	et in line 13 instructions to verify calculations.)  B <sup>12</sup> Relationship of Activities to the A  Explain below how each activity for which income	e is reported in o	column (e) of Part XVI	-A contrib	s outed importantly to the	9	
13 Total, Add (See workshe Part XVI- Line No.	et in line 13 instructions to verify calculations.)  B <sup>12</sup> Relationship of Activities to the A  Explain below how each activity for which income	e is reported in o	column (e) of Part XVI	-A contrib	s outed importantly to the	9	
13 Total, Add (See workshe Part XVI- Line No.	et in line 13 instructions to verify calculations.)  B <sup>12</sup> Relationship of Activities to the A  Explain below how each activity for which income	e is reported in o	column (e) of Part XVI	-A contrib	s outed importantly to the	9	
13 Total, Add (See workshe Part XVI- Line No.	et in line 13 instructions to verify calculations.)  B <sup>12</sup> Relationship of Activities to the A  Explain below how each activity for which income	e is reported in o	column (e) of Part XVI	-A contrib	s outed importantly to the	9	
13 Total, Add (See workshe Part XVI- Line No.	et in line 13 instructions to verify calculations.)  B <sup>12</sup> Relationship of Activities to the A  Explain below how each activity for which income	e is reported in o	column (e) of Part XVI	-A contrib	s outed importantly to the	9	
13 Total, Add (See workshe Part XVI- Line No.	et in line 13 instructions to verify calculations.)  B <sup>12</sup> Relationship of Activities to the A  Explain below how each activity for which income	e is reported in o	column (e) of Part XVI	-A contrib	s outed importantly to the	9	
13 Total, Ad (See workshe Part XVI- Line No.	et in line 13 instructions to verify calculations.)  B <sup>12</sup> Relationship of Activities to the A  Explain below how each activity for which income	e is reported in o	column (e) of Part XVI	-A contrib	s outed importantly to the	9	
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13 Total, Add (See workshe Part XVI- Line No.	et in line 13 instructions to verify calculations.)  Big Relationship of Activities to the A  Explain below how each activity for which income	e is reported in o	column (e) of Part XVI	-A contrib	s outed importantly to the	9	
13 Total, Add (See workshe Part XVI- Line No.	et in line 13 instructions to verify calculations.)  Big Relationship of Activities to the A  Explain below how each activity for which income	e is reported in o	column (e) of Part XVI	-A contrib	s outed importantly to the	9	
13 Total, Add (See workshe Part XVI- Line No.	et in line 13 instructions to verify calculations.)  Big Relationship of Activities to the A  Explain below how each activity for which income	e is reported in o	column (e) of Part XVI	-A contrib	s outed importantly to the	9	
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13 Total, Add (See workshe Part XVI- Line No.	et in line 13 instructions to verify calculations.)  Big Relationship of Activities to the A  Explain below how each activity for which income	e is reported in o	column (e) of Part XVI	-A contrib	s outed importantly to the	9	
13 Total, Ad (See workshe Part XVI- Line No.	et in line 13 instructions to verify calculations.)  Big Relationship of Activities to the A  Explain below how each activity for which income	e is reported in o	column (e) of Part XVI	-A contrib	s outed importantly to the	9	
13 Total, Add (See workshe Part XVI- Line No.	et in line 13 instructions to verify calculations.)  Big Relationship of Activities to the A  Explain below how each activity for which income	e is reported in o	column (e) of Part XVI	-A contrib	s outed importantly to the		

orm 99 <u>0-P</u> F (2	2011) <b>D &amp; M MA</b>	BEE TRU	JST		46-6056202		Pag	je <b>13</b>
Part XVII	Information Reg	arding Tra	ansfers To and	Transactio	ns and Relationships Wi	ith Noncharitable		
1 Did the o			e in any of the follo	wing with any c	ther organization described		Yes	No
	•		-	*	ction 527, relating to political	*	100	,
organizat	, ,	or triair occine	),, oo . (o)(o) o. ga	24.101.107 01 11.700	onor, our, rolating to political			
=	from the reporting found	lation to a no	ncharitable exemp	t organization o	f.	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		,
(1) Cash	• •		•	<b></b>		1a(1)		X
(2) Othe						1a(2)		X
` '	nsactions:					,		
(1) Sales	of assets to a noncharit	able exempt	organization			1b(1)		X
	nases of assets from a ne			n		1b(2)		X
(3) Rent	al of facilities, equipment	, or other ass	ets			1b(3)		X
	bursement arrangement					1b(4)		X
(5) Loan	s or loan guarantees					1b(5)		X
(6) Perfo	ormance of services or m	embership o	r fundraising solicit	ations		1b(6)		X
<b>c</b> Sharing of	of facilities, equipment, m	ailing lists, o	ther assets, or paid	d employees		1c		X
d If the ans	wer to any of the above i	s "Yes," com	plete the following	schedule. Colu	mn (b) should always show the f	fair market		
value of	the goods, other assets,	or services g	ven by the reportir	g foundation. If	the foundation received less that	ın faır market		
value in a	any transaction or sharing	arrangemer	nt, show in column	(d) the value of	the goods, other assets, or serv	rices received.		
(a) Line no	(b) Amount involved	(c) Name	e of nonchantable exemp	t organization	(d) Description of transfers, t	ransactions, and sharing arrangem	ents	
A/R								
		<u> </u>						
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	undation directly or indire	•	•		. •		es 🛚	FI NA
	d in section 501(c) of the	•	than section 501(c	(3)) or in secu	on 527 ?	L '	es <u></u>	No
b If "Yes,"	complete the following so	cneaule.	(h) Turn of a		(2) Dance	nption of relationship		
N/A	(a) Name of organization	·-	(b) Type of o	rganization	(c) Descr	ipuori or relationship		
H/A						<del> </del>		
-						<u> </u>		
				<del></del>				
								• .
Unde	r penalties of perjury, I declare t	hat I have exami	ned this return, including	accompanying sch	edules and statements, and to the best o	of my knowledge and belief, it is tru	ie,	
					which preparer has any knowledge	May the IRS discuss this		
						with the preparer shown	below	
<b>.</b> .	11			1	,	(see instructions)?	Yes	No
Sign	REDMIN HADDONFIAN	t Natimal)	Bank South D	n4010 121	15/12	<u> </u>		
Here	Signature of officer or trustee	- TAIN TWAN IN	PRAIN CAMPAILY	Date	Title			
				Preparer's signati		Date	1	
Paid   Pn	nt/Type preparer's name			A repairers signatu	_ 1	Date	Check self-er	nployed
	RY L. ENDORF, C	PA		سه.لا	2 Eurol	03/07/12		,
		PROF L	LC		0 1	PTIN		
		OX 249	<del></del>		<del></del>	Firm's EIN		
"			SD 57301			Phone no 605-95	96-7	771
							90-P	

Capital Gains and Losses for Tax on Investment Income 990-PF 2011 Form For calendar year 2011, or tax year beginning and ending Name **Employer Identification Number** D & M MABEE TRUST 46-6056202 (b) How acquired P-Purchase D-Donation (a) List and describe the kind(s) of property sold, e.g., real estate, 2-story bnck warehouse, or common stock, 200 shs MLC Co (C) Date acquired (mo , day, yr ) (d) Date sold (mo, day, yr) 02/22/11 DODGE AND COX INTL 11/18/09 P TRIBUTARY P 02/22/11 FDS 12/23/09 (2)VANGUARD SH TM BOND P 11/18/09 02/22/11 (3)LASALLE FDG LLC P 04/13/07 04/15/11 (4) FHLB CONS BDS P 11/30/06 08/19/11 (5)INVESCO RL EST FD P 11/18/09 08/26/11 (6) FIDELITY ADV SM CAP P 10/13/09 08/26/11 (7)ISHARES TR P 10/13/09 08/26/11 (8)T ROWE PRICE BL CHIP (9) P 01/22/10 08/26/11 ROWE PR INTL FDS P 11/18/09 08/26/11 (10)CAPITAL GAIN DIVIDENDS (11)(12)(13)(14)(15)(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) 1,945 1,735 210 (1)15,609 13,933 1,676 (2)10,019 10,000 19 (3) 49,407 50,000 593 (4)25,000 25,704 -704 <u>(5)</u> 16,412 13,226 3,186 (6)1,738 1,628 110 (7)14,808 14,370 438 (8)5,121 4,485 636 (9) 5,033 4,975 58 (10)(11) 5,612 5,612 (12)(13)(14)(15)Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (i) Gains (Col (h) gain minus col (k), but not less than -0-) Or Losses (from col (h)) (i) FMV as of 12/31/69 (j) Adjusted basis as of 12/31/69 (k) Excess of col (i) over col (j), if any (1)210 1,676 (2)19 (3) 593 (4) -704 (5) 3,186 (6)110 (7)438 (8) (9) 636 58 (10)5,612 (11) (12)(13)(14)(15)

3/7/2012 3:46 PM <del>1</del>-200 200 159 159 Charitable Purpose Charitable Charitable Charitable Purpose Purpose Purpose S Adjusted Adjusted Adjusted Adjusted Statement 2 - Form 990-PF, Part I, Line 16c - Other Professional Fees Ret Net Statement 4 - Form 990-PF, Part I, Line 23 - Other Expenses Statement 1 - Form 990-PF, Part I, Line 16a - Legal Fees Statement 3 - Form 990-PF, Part I, Line 18 - Taxes 864 864 Investment Investment Investment Investment **Federal Statements** Net Net Ret **Net** 200 683 159 159 864 864 373 883 Total Total Total Total ADVISORY FEES-CHARITABLE CONT FEDERAL INCOME TAX 466056202PF D & M MABEE TRUST Description Description Description Description LEGAL AND PROF FEES FOREIGN TAXES PAID TINAN SMITH BUCHER FYE: 12/31/2011 TOTAL TOTAL TOTAL TOTAL 46-6056202 EXPENSES

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## 466056202PF D & M MABEE TRUST

## **Federal Statements**

46-6056202 FYE: 12/31/2011

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Part II, Line 10a - US and State Government Investments	Basis of Fair Market Valuation MARKET \$ 45,499		Basis of Fair Market Valuation Value	MARKET \$ 289,193 MARKET 110,469	\$ 399,662	and Investments	Basis of Fair Market Valuation Value	MARKET \$ 240,613 \$ 240,613
US and State Gove	End of Year \$ 45,499	0b - Corporate Sto	End of Year	\$ 289,193	\$ 399,662	-PF, Part II, Line 10c - Corporate Bond Investments	End of Year	\$ 240,613 \$ 240,613
	Beginning of Year	PF, Pa	Beginning of Year	\$ 537,165	\$ 677,556	m 990-PF, Part II, Line 1	Beginning of Year	\$ 71,650 \$ 71,650
Statement 5 - Form 990-PF,	Description US GOVT FUNDS	Statement 6 - Forn	Description	FUNDS FOREIGN FUNDS	TOTAL	Statement 7 - Form 990	Description	CORPORATE BONDS TOTAL

466056202PF D & M MABEE TRUST

**Federal Statements** 

46-6056202

FYE: 12/31/2011

Statement 8 - Form 990-PF, Part III, Line 5 - Other Decreases

Description	Amount		
DECREASE IN UNREALIZED GAINS	\$	91,86 <u>5</u>	
TOTAL	\$	91,865	

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