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, 990-PF

Department of the Treasury Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

Do not enter Social Security numbers on this form as it may be made public. ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. OMB No. 1545-0052

For calendar year 2013 or tax year beginning . 2013, and ending FRANCES BANE CROCKETT AND H PAUL A Employer identification number Name of foundation 41-6446873 CROCKETT TRUST Number and street (or P O box number if mail is not delivered to street address) B Telephone number (see instructions) Room/suite (952) 249-2963 101 PROMENADE AVENUE, #435 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here - -WAYZATA, MN 55391 Initial return of a former public charity G Check all that apply Initial return D 1 Foreign organizations, check here Final return Amended return 2 Foreign organizations meeting the 85% test, check here and attach Х Address change Name change computation H Check type of organization | X | Section 501(c)(3) exempt private foundation E. If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here . Fair market value of all assets at J Accounting method | Cash | X Accrual If the foundation is in a 60-month termination end of year (from Part II, col (c), line Other (specify) under section 507(b)(1)(B), check here . > 325,238. (Part I, column (d) must be on cash basis *16)* ▶ \$ (d) Disbursements Part I Analysis of Revenue and Expenses (The (a) Revenue and (b) Net investment (c) Adjusted net total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in for charitable expenses per income ıncome purposes books column (a) (see instructions)) (cash basis only) Contributions, gifts, grants, etc., received (attach schedule) if the foundation is not required to attach Sch B Interest on savings and temporary cash investments 6,768 6,768. 6,768. ATCH 1 Dividends and interest from securities b Net rental income or (loss) 4,981 Net gain or (loss) from sale of assets not on line 10 Gross sales price for all 230,442 assets on line 6a 4,981. Capital gain net income (from Part IV, line 2). Net short-term capital gain Income modifications . Gross sales less returns and allowances Less Cost of goods sold . c Gross profit or (loss) (attach schedule) Other income (attach schedule) 11 11,749. 11,749. 6,768. Total. Add lines 1 through 11 12 13 Compensation of officers, directors, trustees, etc Other employee salaries and wages 14 Expenses 15 Pension plans, employee benefits 16 a Legal fees (attach schedule) b Accounting fees (attach schedule)ATCH 2 Administrative c Other professional fees (attach schedule). . . SFP 1 5 2014 17 103 23. Taxes (attach schedule) (see instructions) ATCH 3 18 19 Depreciation (attach schedule) and depletion. 20 and 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses (attach schedule) 24 Total operating and administrative expenses. 103 23. Add lines 13 through 23 15,000. 15,000. 25 Contributions, gifts, grants paid 15,103. 23. 15,000. 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 -3,354a Excess of revenue over expenses and disbursements . . . 11,726 b Net investment income (if negative, enter -0-) 6,768. c Adjusted net income (if negative, enter -0-).

Part I	Attached schedules and amounts in the Balance Sheets description column should be for end-of-year	Beginning of year	End of	year
T GIGT	amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash - non-interest-bearing			
2	Savings and temporary cash investments	15,548.	4,911.	4,911
`3	Accounts receivable 750.			
	Less allowance for doubtful accounts ▶		750.	750
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 schedule)			
	Less allowance for doubtful accounts ▶			
8 12	Inventories for sale or use			
ssets 6 8	Prepaid expenses and deferred charges		 -	
Y 10 a	Investments - U S and state government obligations (attach schedule)			
	Investments - corporate stock (attach schedule)	68,420.	68,420.	86,161
	Investments - corporate bonds (attach schedule)			
11	Investments - land, buildings.			
	and equipment basis Less accumulated depreciation (attach schedule)			
1.0	(attach schedule)			
12	Investments - mortgage loans	144,974.	151,507.	233,416
14	Land, buildings, and			233,410
	Land, buildings, and equipment basis Less accumulated depreciation			
45	equipment basis Less accumulated depreciation (attach schedule)			
15	Other assets (describe			
16	Total assets (to be completed by all filers - see the instructions Also, see page 1, item i)	228,942.	225,588.	225 220
		220, 342.	223,300.	325,238.
17	Accounts payable and accrued expenses	15,000.	15,000.	
18	Grants payable	13,000.	13,000.	
Liabilities 02 12	Deferred revenue			
∄ 20	Loans from officers, directors, trustees, and other disqualified persons			
E 21	Mortgages and other notes payable (attach schedule)			
22	Other liabilities (describe			
		15 000	15 000	
23	Total liabilities (add lines 17 through 22)	15,000.	15,000.	
	Foundations that follow SFAS 117, check here.	-		
Ses	and complete lines 24 through 26 and lines 30 and 31.			
ည် 24	Unrestricted			
25	Temporarily restricted			
Assets or Fund Balan	Permanently restricted			
늾	Foundations that do not follow SFAS 117, $\triangleright X$			
5	check here and complete lines 27 through 31.	001 040	224 242	
27 ع	Capital stock, trust principal, or current funds	201,048.	201,048.	
28	Paid-in or capital surplus, or land, bldg , and equipment fund			
¥ 29	Retained earnings, accumulated income, endowment, or other funds	12,894.	9,540.	
30 31	Total net assets or fund balances (see instructions)	213,942.	210,588.	
31	Total liabilities and net assets/fund balances (see			
	instructions)	228,942.	225,588.	
	Analysis of Changes in Net Assets or Fund E			
	al net assets or fund balances at beginning of year - Part II			
	d-of-year figure reported on prior year's return)			213,942.
	ter amount from Part I, line 27a		2	-3,354.
	ner increases not included in line 2 (itemize)		I I	
	d lines 1, 2, and 3			210,588.
5 Dec				
	creases not included in line 2 (itemize) ► al net assets or fund balances at end of year (line 4 minus l		5	210,588.

Page 3

P	art IV Capital Gains	and Losses for Tax on Inve	estment Income			<u> </u>
	(a) List an	(b) How acquired P - Purchase	(c) Date acquired	(d) Date sold (mo , day, yr)		
1a	' GER DADE THE COUR	TOUT.F.		D - Donation	(mo , day, yr)	, , ,,,,
<u>i a</u> b						
d			. 14			
e						
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) mini	
_a						
L	<u> </u>					
	<u> </u>					
_e				-		
_	Complete only for assets	showing gain in column (h) and owner			Gains (Col (h) g	
	(i) F M V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (ı) over col. (j), ıf any	COI	(k), but not less to Losses (from co	
_a	<u>. </u>				****	
_ <u>t</u>)				 	
				<u> </u>		
_e 2	Capital gain net income oi		gain, also enter in Part I, line 7			4 001
		· · · · · · · · · · · · · · · · · · ·	(loss), enter -0- in Part I, line 7	2		4,981.
3	If gain, also enter in Pa	n or (loss) as defined in sections 12 rt 1, line 8, column (c) (see insti	ructions) If (loss), enter -0- in $\}$			0
		Under Section 4940(e) for Rec		3		0
W		the section 4942 tax on the distribution of qualify under section 4940(e)		ase perp	d?	Yes X No
1		ount in each column for each year		anv entr	es	-
÷	(a)	(b)	(c)	J	(d)	
(Base period years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of nonchantable-use assets		Distribution ratio (col (b) divided by	
_	2012	15,928.	296,914.			0.053645
	2011	16,639.	291,517.			0.057077
_	2010	15,871.	282,632.			0.056154
_	2009	15,997.	244,481.			0.065432
_	2008	15,883.	342,364.			0.046392
2	Total of line 1, column (d			2		0.278700
3	•	o for the 5-year base period - divident andation has been in existence if less	* -	3		0.055740
4	Enter the net value of no	ncharitable-use assets for 2013 fro	om Part X, line 5	4		315,884.
5	Multiply line 4 by line 3			5		17,607.
6	Enter 1% of net investme	ent income (1% of Part I, line 27b)		6		117.
7	Add lines 5 and 6			7		17,724.
8		ons from Part XII, line 4 reater than line 7, check the box i	in Part VI, line 1b, and complete	8 that part	using a 1% ta	15,000. x rate See the
JS.	Part VI instructions				For	m 990-PF (2013)

FRANCES BANE CROCKETT AND H PAUL

Form 990-PF (2013)

41-6446873

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the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2013?

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Form 990-PF (2013)	Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Emp and Contractors (continued)	loyees,
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NO	NE."
(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	<u> </u>
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 organizations and other beneficiaries served, conferences convened, research papers produced, etc.	f Expenses
1 10 EDUCATIONAL SCHOLARSHIPS TO HIGH SCHOOL SENIORS FOR POST HIGH SCHOOL EDUCATION.	-
	15,000
2	
	-
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 1 NONE	Amount
1 NONE	-
	-
2	
	-
	-
All other program-related investments. See instructions	
3 NONE	-
	-
Total Add lines 1 through 3	
Total. Add lines 1 through 3	

FRANCES BANE CROCKETT AND H PAUL 41-6446873 Form 990-PF (2013) Page 8 Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, Part X see instructions) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc. a Average monthly fair market value of securities 1a 307,708. b Average of monthly cash balances 12,986. 1b c Fair market value of all other assets (see nstructions) 1 c Total (add lines 1a, b, and c) 320,694. 1d Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) _ _ _ _ _ _ 1e Acquisition indebtedness applicable to line 1 assets 2 320,694. Subtract line 2 from line 1d 3 Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see 4,810. Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4 5 315,884. Minimum investment return. Enter 5% of line 5 15,794. 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) 15,794. 2a Tax on investment income for 2013 from Part VI, line 5 _____ 2a Income tax for 2013 (This does not include the tax from Part VI) 2b Add lines 2a and 2b 235. 2c Distributable amount before adjustments Subtract line 2c from line 1 15,559. 3 Recoveries of amounts treated as qualifying distributions 4 5 15,559. Deduction from distributable amount (see instructions) 6 Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, 15,559. Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes

Part XII Qualifying Distributions (see instructions)

		,	
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	15,000.
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	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4		15,000.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b (see instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	15,000.
	Note. The amount on line 6 will be used in Part V column (b) in subsequent years when c	alcula	ating whether the foundation

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

	rt XIII Undistributed Income (see instru	ctions)			Page 3
	Distributable amount for 2013 from Part XI,	(a) Corpus	(b) Years prior to 2012	(c) 2012	(d) 2013
	line 7				15,559.
2	Undistributed income, if any, as of the end of 2013				
а	Enter amount for 2012 only				
b	Total for prior years 20 11 ,20 10 ,20 09				
3	Excess distributions carryover, if any, to 2013:				
а	From 2008				
	From 2009 3,879.				
	From 2010				
е	From 2011				
f	Total of lines 3a through e	9,187.			
4	Qualifying distributions for 2013 from Part XII,				
	line 4 ▶ \$15,000.				
а	Applied to 2012, but not more than line 2a				
b	Applied to undistributed income of prior years				
	(Election required - see instructions)				
С	Treated as distributions out of corpus (Election required - see instructions)				
d	Applied to 2013 distributable amount				15,000.
	Remaining amount distributed out of corpus				
5	Excess distributions carryover applied to 2013	559.			559.
	(If an amount appears in column (d), the same amount must be shown in column (a))				
6	Enter the net total of each column as				
	indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	8,628.			
b	Pnor years' undistributed income Subtract				
	line 4b from line 2b				
С	Enter the amount of prior years' undistributed income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
	tax has been previously assessed				
d	Subtract line 6c from line 6b Taxable		-		-
	amount - see instructions				
е	Undistributed income for 2012 Subtract line 4a from line 2a Taxable amount - see				
	instructions				
f	Undistributed income for 2013 Subtract lines				
	4d and 5 from line 1 This amount must be				
	distributed in 2014				
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 2008 not applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2014.				
	Subtract lines 7 and 8 from line 6a	8,628.		-	
10	Analysis of line 9				
а	Excess from 2009 3,320.				
b	Excess from 2010 1,897.				
С	Excess from 2011 2,225.				
đ	Excess from 2012 1,186.		İ		
_ e	Excess from 2013				
					Form 990-PF (2013)

FRANCES BANE CROCKETT AND H PAUL

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Page **11**

3 Grants and Contributions Paid Durin	ng the Year or Appi	oved for F	uture Payment	
Recipient Name and address (home or business)	show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (nome or business)	or substantial contributor	recipient	Contribution	
a Paid during the year				
ATCH 6				
				:
•				
Total			<u></u> <u>▶</u> 3a	15,000.
b Approved for future payment				
ameti. 7				
ATCH 7				
Total		L		15,000.
Total	· · · · · · · · · · · · · · · · · · ·	· · · · · ·		Form 990-PF (2013

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nter gross, amounts unless otherwise indicated		business income	Excluded by see	ction 512, 513, or 514	(e)
1 Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
a					(OSO MONOCIONO)
b					
С					
d					
е					
f					
g Fees and contracts from government agencies					·
Membership dues and assessments	ļ				
Interest on savings and temporary cash investments	ļ		14	6,768.	
Dividends and interest from securities Net rental income or (loss) from real estate	 		1 1 1	0,700.	
a Debt-financed property					····
b Not debt-financed property					
Net rental income or (loss) from personal property					
Other investment income		· · · · · · · · · · · · · · · · · · ·			<u> </u>
Gain or (loss) from sales of assets other than inventory	l l		18	4,981.	
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
Other revenue a					
b					
С					
d					
е					
Subtotal Add columns (b), (d), and (e)	<u> </u>			11,749.	11,74
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to venfy calc				13	
▼ accomplishment of the foundation	on's exempt pu	urposes (other tha	an by providing fur	nds for such purposes	(See instructions
					Form 990-PF (2

= orm 99	90-PF (2	2013)	FRANCES :	BANE CROCKE	ETT AND H	PAUL		41-644	6873	Pa	ge 13
Part	XVII	Information R Exempt Organ		nsfers To an	d Transact	ions a	nd Relationsl	nips With Non	chari		
• 6	n sect organiz	e organization direct ion 501(c) of the Co zations?	ode (other than s	section 501(c)(3	s) organization	s) or in	section 527, re			Yes	No
		ers from the reportinsh							1a(1)		х
Ì	2) Oth	ner assets							1a(2)		X
		ransactions									
(1) Sai	es of assets to a no chases of assets fro	ncnaritable exen	npt organization ble evempt organ			• • • • • • • • •		1b(1)		X
(3) Rer	ntal of facilities, equi	pment, or other	assets	ızatıon				1b(2) 1b(3)		X
ì	4) Rei	mbursement arrange	ements						1b(4)		X
(5) Loa	ans or loan guarantee	es <i>.</i>						1b(5)		Χ
(6) Per	formance of service	s or membersh	ip or fundraising	solicitations .				1b(6)		X
C S	onaring f the s	g of facilities, equipmanswer to any of the	nent, mailing list	s, other assets,	or paid employ	ees	Column (b) sh	and always show	1c		X
٧	alue c	of the goods, other and transaction or	assets, or service	ces given by the	reporting for	undatioi	n If the foundat	ion received less	than t	fair m	arket
(a) Line		(b) Amount involved	T	oncharitable exempt				, transactions, and shar			
						N/A					
				· · ·			***				
											
					-						•
						•					

		 ,						1	 -		
											
							<u>-</u>				
							-				
C	lescrib	foundation directly oped in section 501(c)	of the Code (otl					organizations	Ye	s X	No
		(a) Name of organization		(b) Type	of organization		(c)	Description of relations	hip		
				····							
							·				
		· · · · · · · · · · · · · · · · · · ·						·			
Sign Here	correct	penalties of penjury, I declar t and complete Declaration of August 2015 pature of officer or trustee	re that I have examining preparer (other than ta:	ed this return, includir xpayer) is based on all in Date	ng accompanying so nformation of which p	hedules ar preparer ha Title	nd statements, and to say knowledge	May the IRS	discuss	this r	
		Print/Type preparer's nai		Preparer's sugar	ture 1	·	Date		יאודר		
Paid	!	PAUL R CHRIST		Preparer's signa	Christ.	. 4 6-	8/16/20	Check L. "	MTN 20018	3 <i>77</i> 0′	2
^o repa	arer	<u> </u>	IDELL & MA	IR PLLP		~~~	1777	ırm's EIN ► 41-09			

651-482-1698

Use Only Firm's address ▶ 3570 LEXINGTON AVENUE N. #300 ST PAUL, MN

Phone no

55126

FRANCES BANE CROCKETT AND H PAUL 41-6446873
FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

		NS AND LO				P		
* Kınd of F			Desci			or D	Date acquired	Date sold
Gross sale price less	Depreciation allowed/	Cost or other	FMV as of	Adj basis as of	Excess of FMV over		Gain or	
expenses of sale	allowable	basis	12/31/69	12/31/69	adj basis	+	(loss)	
		TOTAL CAPIT	AL GAIN DIS	TRIBUTIONS			2,471.	
		FIRST CLEAR	ING -6434-8	483			VARIOUS	VARIOUS
77,971.		75,461.					2,510.	
		FIRST CLEAR	ING -6434-8	483			VARIOUS	VARIOUS
150,000.		150,000.	2110 0131 0	103			VIRGOOD	VINCECOS
OTAL GAIN(L	oss)					-	4,981.	
							:	
							i	
	-							
							:	
}								
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ATTACHMENT 1 PAGE 16

ATTACHMENT 1

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

ADJUSTED NET INCOME	6,767.	6,768.
NET INVESTMENT INCOME	6,767.	6,768.
REVENUE AND EXPENSES PER BOOKS	6,767.	6,768.
		TOTAL
DESCRIPTION	DIVIDENDS INTEREST	

ATTACHMENT 2

FORM 990PF, PART I - ACCOUNTING FEES

REVENUE AND EXPENSES PER BOOKS

DESCRIPTION

PREPARATION OF 990PF

TOTALS

ATTACHMENT 3

FORM 990PF, PART I - TAXES

NET INVESTMENT INCOME	23.	23.
REVENUE AND EXPENSES PER BOOKS	80.	103.
		TOTALS
DESCRIPTION	FEDERAL TAX FOREIGN TAX	

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ATTACHMENT 3 PAGE 18 FRANCES BANE CROCKETT AND H PAUL

41-6446873

ATTACHMENT 4

FORM 990PF - COMPUTATION OF PENALTIES AND INTEREST

END OF FISCAL/CALENDAR YEAR	05/15/2014
DATE RETURN WILL BE RECEIVED BY THE IRS	
NUMBER OF MONTHS RETURN IS LATE	
LATE FILING PENALTY	
LATE PAYMENT PENALTY	
INTEREST	3.
TOTAL PENALTIES AND INTEREST	5

ATTACHMENT 5

990PF, PART XV - FORM AND CONTENTS OF SUBMITTED APPLICATIONS

INFORMATION REQUESTED ON APPLICATION FORM OBTAINED FROM PRINCIPAL'S OFFICE

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	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
	AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
JENNA WEILAND BRITT, IA 50423	NONE	SCHOLARSHIP	1,500.
CAITLIN WILSON BRITT, IA 50423	NONE	SCHOLARSHIP	1,500.
KATHERINE JAMTGAARD BRITT, IA 50423	NONE	SCHOLARSHIP	1,500.
CALLIE FRANCIS BRITT, IA 50423	NONE	SCHOLARSHIP	1,500.
HALEY HISCOCKS BRITT, IA 50423	NONE	SCHOLARSHIP	1,500.
JESSICA GRAY BRITT, IA 50423	NONE	SCHOLARSHIP	1,500.

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ATTACHMENT 6 (CONT'D)

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İ	
YEAR	
THE	
PAID DURING	
PAID	
CONTRIBUTIONS	
AND C	l
- GRANTS	
Χ	l
PART	
990PF,	
FORM	

AMOUNT	1,500.	1,500.	1,500.	1,500.
PURPOSE OF GRANT OR CONTRIBUTION	SCHOLARSHIP	SCHOLARSHIP	SCHOLARSHIP	SCHOLARSHIP
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	NONE	NONE	NONE	NONE
RECIPIENT NAME AND ADDRESS	ABBY PACA BRITT, IA 50423	JOSIAH ECKELS BRITT, IA 50423	MELISSA LOESCHEN BRITT, IA 50423	DEREK THILGES BRITT, IA 50423

15,000.

TOTAL CONTRIBUTIONS PAID

ATTACHMENT 7

FRANCES BANE CROCKETT AND H PAUL

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

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
-	NONE	SCHOLARSHIP	1,500.
2	NONE	SCHOLARSHIP	1,500
2	NONE	SCHOLARSHIP	1,500.
-	NONE	SCHOLARSHIP	1,500.
-	NONE	SCHOLARSHIP	1,500.

1,500.

SCHOLARSHIP

NONE

BRITT, IA 50423

BRITT, IA 50423

SHELBY ZEIGLER

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PAUL
×
AND
CROCKETT
BANE
FRANCES

41-6446873

•	ATTACHMENT 7 (CONT'D)	•	AMOUNT	1,500.	1,500.	1,500	1,500.
			PURPOSE OF GRANT OR CONTRIBUTION	SCHOLARSHIP	SCHOLARSHIP	SCHOLARSHIP	SCHOLARSHIP
		TO SUBSTANTIAL CONTRIBUTOR	AND FOUNDATION STATUS OF RECIPIENT				
WED FOR FUTURE PAYMENT		RELATIONSHIP TO SUE	FOUNDATION STATE	NONE	NONE	NONE	NONE
EORM 990RE, PART XV - CONTRIBUTIONS APPROVED FOR FUTURE PAYMENT			RECIPIENT NAME AND ADDRESS	HUNTER HISCOCKS BRITT, IA 50423	PATRICK VERBRUGGE BRITT, 1A 50423	KATELYNN COX BRITT, IA 50423	ADAM WEILAND BRITT, IA 50423

TOTAL CONTRIBUTIONS APPROVED

15,000,

ATTACHMENT 7 PAGE 24

V 13-6.2F

11320

136160 L985

SCHEDULE D (Form 1041)

Capital Gains and Losses

Attach to Form 1041, Form 5227, or Form 990-T.

▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9 and 10.

▶ Information about Schedule D and its separate instructions is at www.irs.gov/form1041.

OMB No 1545-0092

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

FRANCES BANE CROCKETT AND H PAUL

Employer identification number

CROCKETT TRUST Note: Form 5227 filers need to complete only Parts I and II 41-6446873

Pa	Short-Term Capital Gains and Losses - Ass	ets Held One Year	r or Less			
the	instructions for how to figure the amounts to enter on lines below	(d) Proceeds	(e) Cost	(g) Adjustment to gain or loss	from	(h) Gain or (loss) Subtract column (e) from column (d) and
	form may be easier to complete if you round off cents hole dollars	(sales pnce)	(or other basis)	Form(s) 8949, F line 2, column		combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b					
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked	77,971.	75,461.		•	2,510.
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with Box C checked				,	
4	Short-term capital gain or (loss) from Forms 4684, 62	252, 6781, and 8824			4	
5	Net short-term gain or (loss) from partnerships, S cor	•			5	
6	Short-term capital loss carryover Enter the amour Carryover Worksheet				6	(
7	Net short-term capital gain or (loss). Combine line line 17, column (3) on the back				7	2,510.
	Long-Term Capital Gains and Losses - Ass	ets Held More Tha	an One Year			
	instructions for how to figure the amounts to enter on lines below	_ (d)	(e)	(g) Adjustment		(h) Gain or (loss) Subtract column (e)
	form may be easier to complete if you round off cents hole dollars	Proceeds (sales price)	Cost (or other basis)	to gain or loss Form(s) 8949, P line 2, column	art II,	from column (d) and combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked	150,000.	150,000.			
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked					
11	Long-term capital gain or (loss) from Forms 2439, 46	84, 6252, 6781, and	d 8824		11	
12	Net long-term gain or (loss) from partnerships, S corp	oorations, and other e	estates or trusts		12	
13	Capital gain distributions				13	2,471.
14	Gain from Form 4797, Part I				14	
15	Long-term capital loss carryover Enter the amoun Carryover Worksheet	t, if any, from line	14 of the 2012	Capital Loss	15	()
16	Net long-term capital gain or (loss). Combine lines line 18a, column (3) on the back	8a through 15 in	column (h) Enter	here and on	16	2,471.
For I	Paperwork Reduction Act Notice, see the Instructions for For		7712730		b a d I	e D /Form 10/1) 2013

Schar	dule D (Form 1041) 2013				Page
	t Summary of Parts I and II		(1) Beneficiaries'	(2) Estate's	Page 2
I. C.I	Caution: Read the instructions before completing this pa	art	(see instr)	or trust's	(3) Total
17	Net short-term gain or (loss)	17			2,510.
18	Net long-term gain or (loss):	<u> </u>			,
	Total for year	18a	İ		2,471.
	Unrecaptured section 1250 gain (see line 18 of the wrksht)	18b		 	
	28% rate gain	18c		- 	
	Total net gain or (loss). Combine lines 17 and 18a	19			4,981.
Note	If line 19, column (3), is a net gain, enter the gain on Form 1041, line 4, go to Part V, and do not complete Part IV If line 19, column (3), is a n	(or Fo	orm 990-T, Part I, line s, complete Part IV	e 4a) If lines 18a and and the Capital Loss (19. column (2), are ne
nece.					
	t IV Capital Loss Limitation		and the trust the	amallar of	
20	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, F The loss on line 19, column (3) or b \$3,000				,
Note	: If the loss on line 19, column (3), is more than \$3,000, or if Form 1041.	page	1, line 22 (or Form 9	990-T, line 34), is a los	ss, complete the Capita
Loss	Carryover Worksheet in the instructions to figure your capital loss carryover				
	Tax Computation Using Maximum Capital Gains Rate				
	n 1041 filers. Complete this part only if both lines 18a and 19 in col			amount is entered i	n Part I or Part II an
	e is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more				
	tion: Skip this part and complete the Schedule D Tax Worksheet in the i ther line 18b, col. (2) or line 18c, col. (2) is more than zero, or	ii i Sii Ui	Cuons II.		
	oth Form 1041, line 2b(1), and Form 4952, line 4g are more than zero				
Forn	n 990-T trusts. Complete this part only if both lines 18a and 19 a				
	orm 990-T, and Form 990-T, line 34, is more than zero Skip this part her line 18b, col (2) or line 18c, col (2) is more than zero	and c	complete the Sche	uule D Tax Workshe	et in the instruction
					
21	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 3	54)	. 21		
22	Enter the smaller of line 18a or 19 in column (2)				
	but not less than zero				
23	Enter the estate's or trust's qualified dividends				
	from Form 1041, line 2b(2) (or enter the qualified				
• •	dividends included in income in Part I of Form 990-T)		─		
24	Add lines 22 and 23		 		
25	If the estate or trust is filing Form 4952, enter the				
	amount from line 4g, otherwise, enter -0 \(\sum_{25} \)		— <u></u>		
26	Subtract line 25 from line 24 If zero or less, enter -0				
27	Subtract line 26 from line 21 If zero or less, enter -0				
28	Enter the smaller of the amount on line 21 or \$2,450				
29	Enter the smaller of the amount on line 27 or line 28				
30	Subtract line 29 from line 28 If zero or less, enter -0- This amount is			▶ 30	· · · · · · · · · · · · · · · · · · ·
31	Enter the smaller of line 21 or line 26				
32	Subtract line 30 from line 26		33		
33	Enter the smaller of line 21 or \$11,950				
34	Add lines 27 and 30		• • • • • • • • • • • • • • • • • • • •		
35	Subtract line 34 from line 33 If zero or less, enter -0				
36	Enter the smaller of line 32 or line 35		•		
37	Multiply line 36 by 15%			▶ 37	· · · · · · · · · · · · · · · · · · ·
38	Enter the amount from line 31				
39	Add lines 30 and 36				
40	Subtract line 39 from line 38 If zero or less, enter -0		. 40	}	

Schedule D (Form 1041) 2013

41

42

43

45

and Trusts (see the Schedule G instructions in the instructions for Form 1041)

Figure the tax on the amount on line 21 Use the 2013 Tax Rate Schedule for Estates

and Trusts (see the Schedule G instructions in the instructions for Form 1041)

Tax on all taxable income. Enter the smaller of line 43 or line 44 here and on Form 1041, Schedule

42

43

44

G, line 1a (or Form 990-T, line 36).

Sales and Other Dispositions of Capital Assets

► Information about Form 8949 and its separate instructions is at www.irs.gov/form8949.

OMB No 1545-0074

Attachment Sequence No

Department of the Treasury Internal Revenue Service

Name(s) shown on return

FRANCES BANE CROCKETT AND H PAUL

File with your Schedule D to list your transactions for lines 1b. 2, 3, 8b, 9, and 10 of Schedule D.

Social security number or taxpayer identification number

41-6446873

Most brokers issue their own substitute statement instead of using Form 1099-B. They also may provide basis information (usually your cost) to you on the statement even if it is not reported to the IRS. Before you check Box A, B, or C below, determine whether you received any statement(s) and, if so, the transactions for which basis was reported to the IRS Brokers are required to report basis to the IRS for most stock you bought in 2011 or later

Short-Term. Transactions involving capital assets you held one year or less are short-term. For long-term transactions, see page 2

Note. You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the total directly on Schedule D, line 1a, you are not required to report these transactions on Form 8949 (see instructions)

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need

X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the	If you enter an ar enter a cod	ny, to gain or loss. mount in column (g), e in column (f) ate instructions.	(h) Gain or (loss). Subtract column (e)
(Example 100 sh XYZ Co)	(Mo , day, yr)	disposed (Mo , day, yr)	(sales pnce) (see instructions)	Note below and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
FIRST CLEARING						·- <u>-</u> -	-
-6434-8483	VARIOUS	VARIOUS	77,971.	75,461.			2,510
						1	
		-		<u>. </u>		-	-
						13	
2 Totals. Add the amounts in column act negative amounts) Enter e your Schedule D, line 1b (if Box	ach total here an A above is check	d include on ed), line 2 (if	77.971	75.461			2 510

Note If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

nm	8949	(2013)	

Attachment Sequence No 12A

Page 2

Name(s) shown on return (Name and SSN or taxpayer identification no not required if shown on other side.)
FRANCES BANE CROCKETT AND H PAUL

Social security number or taxpayer identification number

41-6446873

Most brokers issue their own substitute statement instead of using Form 1099-B. They also may provide basis information (usually your cost) to you on the statement even if it is not reported to the IRS. Before you check Box D, E, or F below, determine whether you received any statement(s) and, if so, the transactions for which basis was reported to the IRS. Brokers are required to report basis to the IRS for most stock you bought in 2011 or later.

Part II

Long-Term. Transactions involving capital assets you held more than one year are long term. For short-term transactions, see page 1

Note. You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the total directly on Schedule D, line 8a, you are not required to report these transactions on Form 8949 (see instructions)

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

X	(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
	(E) Long-term transactions reported on Form(s) 1099-B showing basis was not reported to the IRS

(F) Long-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss If you enter an amount in column (g), (h) Gain or (loss) (e) enter a code in column (f) (c) (d) Cost or other basis See the (b) (a) See the separate instructions. Date sold or Proceeds Subtract column (e) Description of property (Example 100 sh XYZ Co) Date acquired from column (d) and disposed (sales price) Note below and (Mo, day, yr) (Mo , day, yr) (see instructions) see Column (e) combine the result (g) Amount of with column (g) in the separate Code(s) from instructions instructions adjustment FIRST CLEARING VARIOUS VARIOUS 150,000 -6434-8483 150,000 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts) Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 150,000 150,000

(If Box F above is checked) ► | 150,000 | 150,000 |

Note. If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis See Column (g) in the separate instructions for how to figure the amount of the adjustment



Page 13 of 1

Command Account Number: 9085206216 Account Number: 6434-8483 NANCY F WALLEN TTEE

 $^{7}\!\mathrm{ARGO}$

ALLISON SCHMITZ TTEE U/W PAUL CROCKETT

FBO FRANCIS CROCKETT For Client Service call: 1-800-266-6263

The information on the following pages is from your monthly client statements and is as of the end of the year. This information may not match the information presented on preceding pages due to changes that occur after year end as well as special tax reporting requirements. This information is not reported to the IRS. This section should be retained separately from the preceding pages. If you receive an Amended Form in the future, that package will NOT contain the Annual Statement Information pages.

Portfolio summary		Statement activity detail summary Total as of Dec. 31
Asset type	Value on Dec. 31	
Cash and sweep balances	4,910,93	-16,
Stocks, options & ETFs	86,161,16	Electronic funds transfers -80.00
Fixed income securities	00.0	In order to avoid duplication of activity in this document, select transactions (such as Principal payments) have
Mutual funds	233,415.70	been suppressed from this section. Impacted category totals are recalculated and therefore may not match the
Asset Value	\$324,487.79	December statement.

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₋₋, 8868

(Rev January 2014)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.
► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No 1545-1709

 If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form) Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www irs gov/efile and click on e-file for Chanties & Nonprofits. Part | Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number, see instructions Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or Type or FRANCES BANE CROCKETT AND H PAUL print CROCKETT TRUST 41-6446873 File by the Number, street, and room or suite no. If a P O, box, see instructions Social security number (SSN) due date for 101 PROMENADE AVENUE, #435 filing your retum See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions WAYZATA, MN 55391 Enter the Return code for the return that this application is for (file a separate application for each return) **Application** Return Application Return Code Is For Is For Code Form 990 or Form 990-EZ Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 80 Form 4720 (individual) Form 4720 (other than individual) 03 09 Form 990-PF 04 Form 5227 10 Form 6069 Form 990-T (sec 401(a) or 408(a) trust) 05 11 Form 990-T (trust other than above) Form 8870 12 The books are in the care of ► PAUL CROCKETT Telephone No. ▶ 612 722-4339 FAX No ▶ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is a list with the names and EINs of all members the extension is for I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15, 2014, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 20 13 or tax year beginning _____, 20 _ __, and ending _ If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions 3a | \$ 112. b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 112. c Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev 1-2014)

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box ▶ X Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868 • If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1) Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed) Enter filer's identifying number, see instructions Filer by the due date for I PROMENADE AVENUE, #435 Value of exempt organization or other filer, see instructions Employer identification number (EIN) or	, , , , , , , , , , , , , , , , , , , ,					- 0		
Note. Only complete Part II if you have already been granted an automate 3-month extension on a prevously filed Form 8868 If You are filing for an Automatic 3-Month Extension, complete only Part I (on page 1) Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed) Frank Time of exempt organization or other filer, see instructions. Frank Description or the filer see instructions. Frank Description or the filer see instructions. Frank Description or the filer see instructions. Frank Description or the filer see instructions. Name of exempt organization or other filer, see instructions. Frank Description or the filer see instructions. Frank Description or part of the filer see instructions. Name of exempt organization or other filer, see instructions. Name of exempt organization or other filer see instructions. 10 14 1-6446873 Number, street, and room or surie no. if a PO box, see instructions. Name of exempt organization or post office, state, and ziP code. For a foreign address, see instructions. Name of exempt organization or post office, state, and ziP code. For a foreign address, see instructions. Name of exempt organization or post office, state, and ziP code. For a foreign address, see instructions. Name of exempt organization organization is for (file a separate application in section in the seed of the file of t			anth Eutan	aian aannalata ank Dart I	Lond obselv they have	Page 2		
First III Additional (Not Automatic 3-Month Extension, complete only Part I (on page 1) First III Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed) Finances BANE CROCKETT AND H PAUL CROCKETT TRUST CROCKE								
Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed) Interdistrict identifying number, see instructions					on a previously filed Form 886	5		
Type or print Name of exempt organization or other files, see instructions. FRANCES BANE CROCKETT AND H PAUL CROCKETT TRUST CROCKETT CROCKETT CROCKETT CROCKETT CROCKETT CROCKETT CROCKETT CROCKETT CROCKETT CROCKETT CROCKETT CROCKETT CROCKETT CROCKETT CROCKETT					unal (no conies needed)			
Name of exempt organization or other files, see instructions. File by the CROCKETT TRUST Number, street, and room or suite no. If a PO box, see instructions Unit provide date for files your did date for files and the control of	Parcil	Additional (Not Automatic) 5-Month Ex						
Type or print CROCKETT TRUST Number, street, and room or suite no. If a P O box, see instructions Social security number (SSN) 101 PROMENADE AVENUE, #435 PROMENADE AVENUE, #435 PROMENADE AVE								
The by the data for filing year or suite no. If a P O box see instructions Total P Number, street, and room or suite no. If a P O box see instructions Total P Number, street, and room or suite no. If a P O box see instructions Total P Number, street, and room or suite no. If a P O box see instructions Total P Number, street, and room or suite no. If a P O box see instructions Total P Number, street, and room or suite no. If a P O box see instructions Total P Number, street, and room or suite no. If a P O box see instructions Total P Number, street, and room or suite no. If a P O box see instructions Total P Number, street, and room or suite no. If a P O box see instructions Total P Number, street, and room or suite no. If a P O box see instructions Total P Number, street, and room or suite no. If a P O box see instructions Total P Number, street, and room or suite no. If a P O box see instructions Total P Number, street, and room or suite no. If a P O box see instructions Total P Number, street, and room or suite no. If a P O box see instructions Total P Number, street, and room or suite no. If a P O box see instructions Total P Number, street, and room or suite no. If a P O box see instructions Total P Number, street, and room or suite no. If a P O D Number no. If street no. If a P Number no. If street no. If a P Number no. If street no. If a P Number no. If a P Number no. If a P Number no. If a P Number no. If a P Number no. If a P Number no. If a P Number no. If a P Number no. If a P Number no. If a P Number no. If a P Number no. If a Number no. If a P Number no. If a P Number no. If a P Number no. If a P Number no. If a P Number no. If a P Number no. If a P Number no. If a Number no. If a P Number no. If a P Number no. If a Number no. If a Number no. If a Number no. If a Number no. If a Number no. If a Number no. If a Number no. If a Number no. If a Number no. If a Number no. If a Number no. If a Number no. If a Number no. If a Number no. If a Number no. If a Number no. If	Type or	· · ·				, 0,		
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101 PROMENADE AVENUE, #435 City, town or post office, state, and ZIP code. For a foreign address, see instructions maintructions MAYZATA, MN 55391	print		x. see instructions					
City, town or post office, state, and ZIP code. For a foreign address, see instructions WAYZATA, MN 55391 Enter the Return code for the return that this application is for (file a separate application is For Code Return Application Return Is For Section Return Is Form 4720 (individual) 08 Is Form 4720 (individual) 09 Is Form 990-T (sec 401(a) or 408(a) itust) 03 Form 65089 11 Is Form 990-T (feet 401(a) or 408(a) itust) 05 Form 65089 11 Is Form 990-T (feet 401(a) or 408(a) itust) 05 Form 65089 12 Is Form 10 to complete Part II if you were not already granted an automatic 3-month extension on a previously filled Form 8868. It is this is for a Group Return, enter the organization's four digit Group Exemption Number (GEts) Is fit is section Return Is Form 4720 (individual) 09 Is form 10 to complete Return 10 Is Form 4720 (individual) 10 Is Fo		1	ox, see instructions		Committee Comm			
Enter the Return code for the return that this application is for (file a separate application for each return). Tenter the Return code for the return that this application is for (file a separate application for each return). Application Return	filing your	,	a foreign ad	dress, see instructions	<u> </u>			
Enter the Return code for the return that this application is for (file a separate application for each return)		<u> </u>	J					
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