970 ⊑		tment of the Treasury-Inter	nal Revenue Service								
For	10)41 U.S. Incon	ne Tax Return for I	Estates and T	rusts		20)10	OMB	No. 1545-009	2
A	Туре	of entity (see instr.);	For calendar year 2010 or f	iscal year beginning		, and ending					
П	Dece	dent's estate	Name of estate or trust (If a gra	••• •••		•	1				
H		le trust	ELMER H BRUNS			DTD	2	7-64.	53100)	
X		plex trust	<u>4-1-09 AS EST</u>	<u>' UTD 10-10</u>	96			te entity c	reated		
Ĥ		fied disability trust	Name and title of fiduciary					lient Copy			
Η		(Sportion only)	ANITA BRUNSTI	NG			1		charitable :	,	
H		tor type trust	TRUSTEE				1		s, check a age 16 of	pplicable the instr.);	
П		ruptcy estate-Ch. 7	Number, street, and room or su	•	. +	ructions.)			-	-	
Π		ruptcy estate-Ch. 11	203 BLOOMINGE		1				n section 4		
Π		ed income fund	City or town, state, and ZIP cod		77004				e foundati		
в		mber of Schedules K-1	VICTORIA F Check X Initial retu	TX					n section 4		<u></u>
	atta	ached (see	applicable		Amended retur			•	rust's nam		
~		tructions)		n fiduciary	Change in fiduo	ciary's name		hange in f	iduciary's	address	
G	Chec		rust made a section 645 election .					1			·····
		1 Interest income		•••••		• • • • • • • • • • • • • • • • • • •		- Januari		7	239
		2a Total ordinary divid	lends locable to: (1) Beneficiaries	2 857	(9) Cointe or impi			2a		<u> </u>	<u> </u>
		 b Qualified dividends all 3 Business income o 	(locable lu. (1) Demenciaries	C E7 (Earm 1040)		•••••		3			
0	2	4 Capital gain or (los	or (loss). Attach Schedule C o	1044)				- Insurante -		50,	522
ncome	Į	 5 Rents, rovalties, pa 	s). Attach Schedule D (Form artnerships, other estates and	truete etc Attach Sc	shedule E (Eorm 1		• • • • • • • • • •	5		24,	
ž			oss). Attach Schedule F (Form					6			<u> </u>
		7 Ordinary gain or (lo	oss). Attach Form 4797		• • • • • • • • • • • • • • • • • • • •			7			······
		8 Other income. List	An end of a second second					8		····	<u> </u>
			mbine lines 1, 2a, and 3 throu	ah 8				9		81,	774
								10			<u></u>
		14 Taura						11			<u> </u>
			· <i>· · · · · · · · · · · · · · · · · · </i>					12			*****
		13 Charitable deduction	on (from Schedule A, line 7)			• • • • • • • • • • • • • • • • • • •		13			
		14 Attorney, accounta	int, and return preparer fees	••••••	• • • • • • • • • • • • • • • • • • • •			14			·
u,		15a Other deductions n	not subject to the 2% floor (at	tach schedule)				15a			
Deductions		b Allowable miscellar	neous itemized deductions su	bject to the 2% floor	••••••			15b			
			gh 15b					16			
bed			or (loss). Subtract line 16 from lin				31,774	1			
L		18 Income distribution deduct	tion (from Sch. B, line 15). Attach Schedu	les K-1 (Form 1041)			<i>.</i> .	18		31,	252
		19 Estate tax deduction in	including certain generation-skippi	ng taxes (attach comput	ation)			19			
	1	20 Exemption	, , , , , , , , , , , , , , , , , , , ,					20			100
			gh 20					21		31,	
			ubtract line 21 from line 17. If					22		<u> </u>	
	2	23 Total tax (from Sch	hedule G, line 7)					23		7,	218
			10 estimated tax payments an					24a			
nts			nents allocated to beneficiarie	s (from Form 1041-T			. <i></i>	24b			
Tax and Pavments		c Subtract line 24b fr	rom line 24a	, , . , , . , , , , . , , ,				24c			
2VE		d Tax paid with Form	1 7004 (see page 24 of the ins withheld. If any is from Form	structions)				24d			100
		e Federal income tax	withheld. If any is from Form	(s) 1099, check ►	<u>کا</u>			24e			123
ž		Other payments:	f Form 2439	; g For	m 4136		; Iotal 🕨	24h			123
X		25 Total payments. A	Add lines 24c through 24e, and	d 24h	• • • • • • <i>•</i> • • • • • • • • • •		🖻	25			123
Ĕ	1		alty (see page 24 of the instruct					26		~~~	095
			is smaller than the total of line					27		11	095
			ne 25 is larger than the total o to be: a Credited to 2011 e		er amount overpa	ia ;b Refu		28			
		Under penalties of periury, I decla	to be: a Credited to 2011 e are that I have examined this return, inclu- aration of preparer (other than taxpayer) i	ding accompanying schedules	s and statements, and to	the best of my knowled	ige and belief,	it is	May the	e IRS discuss	this
Sig	-	true, correct, and complete. Decla	aration of preparer (other than taxpayer) i	s based on all information of t	which preparer has any l	knowledge.			return v	vith the prepa below (see in:	arer
He	re	Signature of fiduciary or officer representing fiduciary Date EIN of fiduciary if a financial ins						titution		Yes	Str.)? No
		Print/Type preparer's name		Preparer's signature			ate			PTIN	لتختنب
Paid		RICHARD K RIKKERS		RICHARD K RIKKE	RS CPA		4/14/11	Check self-emp	L	P0014415	4
	barer									-12771	
	Only		40 NORTH MAIN A								
		1	IOUX CENTER, IA		324		Pha	one no.	712-	722-33	375

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1000000000	1041 (2010) ELMER H BRUNSTING DECEDENTS TR DTD			Page 2
	hedule A Charitable Deduction. Do not complete for a simple t			
1	Amounts paid or permanently set aside for charitable purposes from gross income (see p			****
2	Tax-exempt income allocable to charitable contributions (see page 25 of the instructions)			
3	Subtract line 2 from line 1 Capital gains for the tax year allocated to corpus and paid or permanently set aside for ch	aritabla nurnacae		ny ny
4 5	Add lines 2 and 4		E	<u>, py</u>
5 6	Section 1202 exclusion allocable to capital gains paid or permanently set aside for charita		·····	
0	numerous (and none OF of the instructions)		6	
7	Charitable deduction. Subtract line 6 from line 5. Enter here and on page 1, line 13			
	hedule B Income Distribution Deduction	<u></u>	<u></u>	
1	Adjusted total income (see page 25 of the instructions)		1	81,774
2	Adjusted tax-exempt interest			2,070
3	Total net gain from Schedule D (Form 1041), line 15, column (1) (see page 26 of the instr	ructions)		0
4	Enter amount from Schedule A, line 4 (minus any allocable section 1202 exclusion)			
5	Capital gains for the tax year included on Schedule A, line 1 (see page 26 of the instruction			0
6	Enter any gain from page 1, line 4, as a negative number. If page 1, line 4, is a loss, enter			· · · · · ·
	as a positive number		6	-50,522
7	Distributable net income. Combine lines 1 through 6. If zero			
	or less, enter -0-		7	33,322
8	If a complex trust, enter accounting income for the tax year as			
	determined under the governing instrument and applicable local law	8	33,322	
9	Income required to be distributed currently		9	33,322
10	Other amounts paid, credited, or otherwise required to be distributed			0
11	Total distributions. Add lines 9 and 10. If greater than line 8, see page 26 of the instruction	ns	11	33,322
12	Enter the amount of tax-exempt income included on line 11			2,070
13	Tentative income distribution deduction. Subtract line 12 from line 11		13	31,252
14	Tentative income distribution deduction. Subtract line 2 from line 7. If zero or less, enter -			31,252
15	Income distribution deduction. Enter the smaller of line 13 or line 14 here and on page	1, line 18	15	31,252
Sc	hedule G Tax Computation (see page 27 of the instructions)			
1	Tax: a Tax on taxable income (see page 27 of the instructions)	<u>1a</u>	7,218	
	b Tax on lump-sum distributions. Attach Form 4972	1b		
	c Alternative minimum tax (from Schedule I (Form 1041), line 56)	1c	0	
	d Total. Add lines 1a through 1c		▶ <u>1d</u>	7,218
2a	Foreign tax credit. Attach Form 1116	2a		
b	General business credit. Attach Form 3800	2b		
¢	Credit for prior year minimum tax. Attach Form 8801	2c		
d	Bond credits. Attach Form 8912	2d		0
3	Total credits. Add lines 2a through 2d		3	
4	Subtract line 3 from line 1d. If zero or less, enter -0-			7,218
5	Recapture taxes. Check if from: Form 4255 Form 8611			
6	Household employment taxes. Attach Schedule H (Form 1040)			
7	Total tax. Add lines 4 through 6.			7 010
	Enter here and on page 1, line 23	<u></u>	17	7,218
	Other Information	۲. I. C		Yes No
1	Did the estate or trust receive tax-exempt income? If "Yes," attach a computation of the a		s)70 see stmt	• • • • • • • • • • • • • • • • • • •
•			JIO DEE DIMI	÷
2	Did the estate or trust receive all or any part of the earnings (salary, wages, and other cor			X
•				
3	At any time during calendar year 2010, did the estate or trust have an interest in or a sign			X
	over a bank, securities, or other financial account in a foreign country? See page 29 of the instructions for exceptions and filing requirements for Form TD F 90-2		·····	
	and the families another b			
	During the tax year, did the estate or trust receive a distribution from, or was it the grantor			····· *****
4	foreign trust? If "Yes," the estate or trust may have to file Form 3520. See page 29 of the			X
5	Did the estate or trust receive or nav any qualified residence interest on seller-provided financing? If "	Yes," see		v
6	page 29 for required attachment If this is an estate or a complex trust making the section 663(b) election, check here (see			
7	To make a section 643(e)(3) election, attach Schedule D (Form 1041) and check here (s	ee nage 29)		
8	To make a section 643(e)(3) election, attach Schedule D (Form 1041), and check here (s If the decedent's estate has been open for more than 2 years, attach an explanation for the delay in clo	sing the		
9	estate, and check here		•••••••••••••••••••••••••••••••••••••••	

BRUNSTING003406 1041 (2010)

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form	8453-F		-	ature for Elec	÷			2010
)epartme	ent of the Treasury Revenue Service	For calendar ye	ar 2010, or fiscal ye	ear beginning See instructions	, and on back.	ending		2010
	estate or trust	ELMER H BRU 4-1-09 AS E		CEDENTS TF			nployer identification number	
lame an	d title of fiduciary	ANITA BRUNS' TRUSTEE						<u> </u>
Part		urn Information			*******			
1 To	otal income (Form 1	041, line 9)					1	81,77
		eduction (Form 1041, lir						31,25
		n 1041, líne 22)						50,42
		, line 23)						7,21
		ent (Form 1041, line 27						7,09
Part		tion of Fiduciary			· · · ·			
ectronic evenue consent onsent t	c portion of the 2010 U Service, and all accort t that the return(s), incl	and resolve issues related t slare that the above amouni .S. Income Tax Return(s) fr npanying schedules and sta uding this declaration and a ERO and/or transmitter an ejection.	ts (or the amounts on or Estates and Trusts atements. To the best accompanying schedu	. I have also examined of my knowledge and b iles and statements, be	a copy of the return(s) be elief, they are true, corre sent to the Internal Reve	eing filed electron ect, and complete enue Service by t	ically with the I . If I am not the he return trans	nternal e transmitter, nitter. I also
ectronic evenue consent onsent t ejected,	c portion of the 2010 U service, and all accord t that the return(s), include to the IRS' sending the the reason(s) for the r	clare that the above amoun .S. Income Tax Return(s) for npanying schedules and sta uding this declaration and a ERO and/or transmitter an	ts (or the amounts on or Estates and Trusts atements. To the best accompanying schedu acknowledgement of	the attached listing) ag . I have also examined t of my knowledge and k ules and statements, be	a copy of the return(s) be elief, they are true, corre sent to the Internal Reve	eing filed electron ect, and complete enue Service by t	ically with the I . If I am not the he return trans	nternal e transmitter, nitter. I also
electronic Revenue consent consent t	c portion of the 2010 U service, and all accord t that the return(s), include to the IRS' sending the the reason(s) for the reason (s) for the reason	clare that the above amount .S. Income Tax Return(s) for npanying schedules and sta uding this declaration and a ERO and/or transmitter an ejection.	ts (or the amounts on or Estates and Trusts atements. To the best accompanying schedu acknowledgement of nting fiduciary	the attached listing) ag 1 have also examined a of my knowledge and b alles and statements, be receipt of transmission	a copy of the return(s) be elief, they are true, corre- sent to the Internal Reve and an indication of who	eing filed electron ect, and complete anue Service by t ether or not the re Date	ically with the I . If I am not the he return trans eturn(s) is acce	nternal e transmitter, nitter. I also
ectronic evenue consent t jected, ign ere Part lectare lectare fiducia th the II usts for hedules	that I have reviewed the arry will have signed to the IRS' sending the that the return(s), include the reason(s) for the responsible for the responsible for any will have signed the responsible for any version to the responsible for any version to the responsible for any knowledge.	clare that the above amount .S. Income Tax Return(s) for npanying schedules and sta uding this declaration and a ERO and/or transmitter an ejection. fiduciary or officer represent tion of Electronic te above estate or trust return or reviewing the return(s), a s form before I submit the r all other requirements desc n also the Paid Preparer, ur to the best of my knowledg	ts (or the amounts on or Estates and Trusts atements. To the best accompanying schedu acknowledgement of nting fiduciary Return Origin rm(s) and that the enti- and only declare that the return(s). I will give the cribed in Pub. 1437, F nder penalties of perju- e and belief, they are	the attached listing) ag 1 have also examined is of my knowledge and b alles and statements, be receipt of transmission nator (ERO) and tries on Form 8453-F ar his form accurately refile e fiduciary or officer rep Procedures for the Form ury I declare that I have true, correct, and comp Date	a copy of the return(s) be elief, they are true, corre- sent to the Internal Reve and an indication of whe Paid Preparer e complete and correct f cts the data on the retur resenting the fiduciary a 1041 e-file Program, U. examined the above est lete. Declaration of prep	eing filed electron ect, and complete anue Service by t ether or not the re Date (see instruct o the best of my n(s). The fiduciar copy of all forms S. Income Tax Ru ate or trust return arer is based on	ically with the I . If I am not the he return trans turn(s) is acce	nternal transmitter, mitter. I also pted, and, if am only a representing in to be filed es and panying of which the ERO's SSN or PTIN
ectronic evenue consent t ajected, ign lere Part declare oblector, e fiducia ith the II rusts for chedules	that I have reviewed the amount of the service, and all according that the return(s), including the reason(s) for the responsible for the reviewed the service of the reviewed the service of the reviewed the service of the reviewed t	clare that the above amount S. Income Tax Return(s) for inpanying schedules and sta- uding this declaration and a ERO and/or transmitter an ejection. fiduciary or officer represen- tion of Electronic te above estate or trust return or reviewing the return(s), a is form before I submit the r all other requirements desc in also the Paid Preparer, un to the best of my knowledg CHARD K RIK	ts (or the amounts on or Estates and Trusts atements. To the best accompanying schedu acknowledgement of nting fiduciary Return Origin arm(s) and that the ent ind only declare that the ribed in Pub. 1437, F inder penalties of perju e and belief, they are <u>KERS CPA</u>	the attached listing) ag 1 have also examined is to fmy knowledge and b alles and statements, be receipt of transmission nator (ERO) and tries on Form 8453-F ar his form accurately reflet e fiduciary or officer rep Procedures for the Form ury I declare that I have true, correct, and comp Date 0 4 / 1	a copy of the return(s) be elief, they are true, corre- sent to the Internal Reve and an indication of whe Paid Preparer e complete and correct f cts the data on the retur resenting the fiduciary a 1041 e-file Program, U. examined the above est lete. Declaration of prep	eing filed electron ect, and complete enue Service by t ether or not the re Date (see instruct o the best of my n(s). The fiduciar copy of all forms S. Income Tax R ate or trust return arer is based on	ically with the I . If I am not the he return trans eturn(s) is acce stions) tions) knowledge. If I y or an officer and information aturns for Estat a(s) and accom all information of the self- red ▶	nternal transmitter, mitter. I also oted, and, if am only a representing n to be filed es and panying of which the ERO's SSN or PTIN P00144154
ectronic evenue consent t bjected, ign lere Part bleclare blector, e fiducia th the II usts for hedules eparer	that I have reviewed th arrow of the spectrum of the 2010 U service, and all according the that the return(s), including the the reason(s) for the residence of the reason(s) for the re- signature of Declara that I have reviewed th I am not responsible for any will have signed th RS, and have followed r Tax Year 2010. If I ar s and statements, and has any knowledge. ERO's Signature RI	Aare that the above amount S. Income Tax Return(s) for inpanying schedules and sta- uding this declaration and a ERO and/or transmitter an ejection. fiduciary or officer represent tion of Electronic te above estate or trust returnor reviewing the return(s), and is form before I submit the r all other requirements description and the best of my knowledg CHARD K RIK ITS KRI 54	ts (or the amounts on or Estates and Trusts atements. To the best accompanying schedu acknowledgement of nting fiduciary Return Origin rm(s) and that the ent ind only declare that the eturn(s). I will give the cribed in Pub. 1437, F inder penalties of perju e and belief, they are <u>KERS CPA</u> <u>OESE & KR</u>	the attached listing) ag 1 have also examined a to fmy knowledge and b alles and statements, be receipt of transmission nator (ERO) and tries on Form 8453-F ar his form accurately refle e fiduciary or officer rep Procedures for the Form ury I declare that I have true, correct, and comp Date 04/1 OESE P.C. IAIN AVENUE	a copy of the return(s) be elief, they are true, corre- sent to the Internal Reve and an indication of whe Paid Preparer e complete and correct to cts the data on the retur resenting the fiduciary a 1041 e-file Program, U. examined the above est lete. Declaration of prep 4 / 11 Check if also paid preparer ►	eing filed electron ect, and complete enue Service by t ether or not the re Date (see instruct o the best of my n(s). The fiduciar copy of all forms S. Income Tax R ate or trust return arer is based on X. Check employ	ically with the I . If I am not the he return trans itum(s) is acce	nternal transmitter, mitter. I also pted, and, if am only a representing in to be filed es and panying of which the ERO's SSN or PTIN
ectronic evenue consent f onsent f onsent f onsent f onsent f onsent f onsent f onsent f onsent f ere Part declare of ducia th the fit usts for chedules eparer	c portion of the 2010 U Service, and all accor t that the return(s), incl to the IRS' sending the the reason(s) for the r Signature of U Declara that I have reviewed th I am not responsible fi ary will have signed th RS, and have followed r Tax Year 2010. If I ar s and statements, and has any knowledge. ERO's signature RI Firm's name (or you if self-employed), address, and ZIP or malties of perjury, I dec	Aare that the above amount S. Income Tax Return(s) for inpanying schedules and sta- uding this declaration and a ERO and/or transmitter an ejection. fiduciary or officer represent tion of Electronic te above estate or trust returnor reviewing the return(s), and is form before I submit the r all other requirements description and the best of my knowledg CHARD K RIK ITS KRI 54	ts (or the amounts on or Estates and Trusts atements. To the best accompanying schedu acknowledgement of nting fiduciary Return Origin rm(s) and that the enti- and only declare that the return(s). I will give the oribed in Pub. 1437, F inder penalties of perju- e and belief, they are <u>KERS CPA</u> <u>OESE & KR</u> <u>ONORTH M</u> <u>OUX CENTE</u> he above estate or the	the attached listing) ag 1 have also examined is is of my knowledge and b alles and statements, be receipt of transmission nator (ERO) and tries on Form 8453-F ar his form accurately reflet e fiduciary or officer rep Procedures for the Form ury I declare that I have true, correct, and comp Date 04 / 1 OESE P.C. IAIN AVENUE IR ust return(s) and accom	a copy of the return(s) be elief, they are true, corre- sent to the Internal Reve and an indication of whe Paid Preparer e complete and correct f cts the data on the return resenting the fiduciary a 1041 e-file Program, U. examined the above est lete. Declaration of prep 4/11 Check if also paid preparer ► IA 51250-1 panying schedules and a	eing filed electron act, and complete anue Service by t ether or not the re Date (see instruct o the best of my m(s). The fiduciar copy of all forms S. Income Tax Ro S. Income Tax Ro Marce or trust return arer is based on X Reprint Check employ 8 2 4	ically with the I . If I am not the he return trans itum(s) is acce	nternal transmitter, mitter. I also opted, and, if am only a representing in to be filed es and panying of which the ERO's SSN or PTIN P00144154 2-1277139 712-722-33
ectronic evenue consent f onsent f onsent f onsent f onsent f onsent f onsent f onsent f onsent f ere Part declare onlector, e fiducia th the II usts for chedules eparer	c portion of the 2010 U Service, and all accor t that the return(s), incl to the IRS' sending the the reason(s) for the r Signature of U Declara that I have reviewed th I am not responsible fi ary will have signed th RS, and have followed r Tax Year 2010. If I ar s and statements, and has any knowledge. ERO's signature RI Firm's name (or you if self-employed), address, and ZIP or malties of perjury, I dec	clare that the above amount S. Income Tax Return(s) for npanying schedules and sta- uding this declaration and a ERO and/or transmitter an ejection. fiduciary or officer represen- tion of Electronic te above estate or trust returnor or reviewing the return(s), a s form before I submit the r all other requirements desc n also the Paid Preparer, un to the best of my knowledg CHARD K RIK and complete. Declaration te and complete. Declaration	ts (or the amounts on or Estates and Trusts atements. To the best accompanying schedu acknowledgement of nting fiduciary Return Origin rm(s) and that the ent ind only declare that the eturn(s). I will give the tribed in Pub. 1437, F nder penalties of perju e and belief, they are <u>KERS CPA</u> <u>OESE & KR</u> <u>O NORTH M</u> <u>OUX CENTE</u> he above estate or tru- n of preparer is based	the attached listing) ag 1 have also examined is is of my knowledge and b alles and statements, be receipt of transmission nator (ERO) and tries on Form 8453-F ar his form accurately reflet e fiduciary or officer rep Procedures for the Form ury I declare that I have true, correct, and comp Date 04 / 1 OESE P.C. IAIN AVENUE IR ust return(s) and accom	a copy of the return(s) be elief, they are true, corre- sent to the Internal Reve and an indication of whe Paid Preparer e complete and correct f cts the data on the return resenting the fiduciary a 1041 e-file Program, U. examined the above est lete. Declaration of prep 4/11 Check if also paid preparer ► IA 51250-1 panying schedules and a	eing filed electron act, and complete anue Service by t ether or not the re Date (see instruct o the best of my m(s). The fiduciar copy of all forms S. Income Tax Ro S. Income Tax Ro Marce or trust return arer is based on X Reprint Check employ 8 2 4	ically with the I . If I am not the he return trans stum(s) is acce	nternal transmitter, mitter. I also pted, and, if am only a representing n to be filed es and panying of which the ERO's SSN or PTIN P00144154 2-1277139 712-722-33 ⁻ y knowledge
ign lectronic evenue consent t bejected, ign lere Part declare belector, e fiduciation the fill rusts for bedueter eparer SRO'S se Dnly nder per ad belief	that I have reviewed th I am not responsible fr ary will have signed th RS, and have followed that I have reviewed th I am not responsible fr ary will have signed th RS, and have followed to Tax Year 2010. If I ar s and statements, and has any knowledge.	clare that the above amount S. Income Tax Return(s) for npanying schedules and sta- uding this declaration and a ERO and/or transmitter an ejection. fiduciary or officer represen- tion of Electronic te above estate or trust return or reviewing the return(s), a s form before I submit the r all other requirements desc n also the Paid Preparer, un to the best of my knowledge CHARD K RIK ars KRi- 54 bde SIC transmitter and complete. Declaration 's name	ts (or the amounts on or Estates and Trusts atements. To the best accompanying schedu acknowledgement of nting fiduciary Return Origin rm(s) and that the ent ind only declare that the eturn(s). I will give the tribed in Pub. 1437, F nder penalties of perju e and belief, they are <u>KERS CPA</u> <u>OESE & KR</u> <u>O NORTH M</u> <u>OUX CENTE</u> he above estate or tru- n of preparer is based	the attached listing) ag 1 have also examined is to fmy knowledge and b iles and statements, be receipt of transmission nator (ERO) and tries on Form 8453-F ar his form accurately refle e fiduciary or officer rep Procedures for the Form ury I declare that I have true, correct, and comp Date 04/1 OESE P.C. IAIN AVENUE R ust return(s) and accomp	a copy of the return(s) be elief, they are true, corre- sent to the Internal Reve and an indication of whe Paid Preparer e complete and correct f cts the data on the return resenting the fiduciary a 1041 e-file Program, U. examined the above est lete. Declaration of prep 4/11 Check if also paid preparer ► IA 51250-1 panying schedules and a	eing filed electron act, and complete enue Service by t ether or not the re Date (see instruct o the best of my n(s). The fiduciar copy of all forms S. Income Tax R ate or trust return arer is based on X Exact entry the the employ 82.4	ically with the I If I am not the he return trans sturn(s) is acce itions) knowledge. If I y or an officer I and information of turns for Estat (s) and accom all information of if self- ted ▶ 4 Phone no. to the best of m	nternal transmitter, mitter. I also pted, and, if am only a representing n to be filed es and panying of which the ERO's SSN or PTIN PO0144154 2-1277139 712-722-33 ⁻ y knowledge
ectronic evenue consent f jected, ign ere Part leclare illector, e fiducia th the II usts for thedules eparer RO's se nly nder pe ad belief	that I have reviewed the reason(s) for the IRS' sending the reason(s) for the reason	clare that the above amount S. Income Tax Return(s) for npanying schedules and sta- uding this declaration and a ERO and/or transmitter an ejection. fiduciary or officer represen- tion of Electronic te above estate or trust returnor reviewing the return(s), a s form before I submit the r all other requirements desc n also the Paid Preparer, un to the best of my knowledg CHARD K RIK ms KRi 54 de SI data that I have examined th , and complete. Declaration	ts (or the amounts on or Estates and Trusts atements. To the best accompanying schedu acknowledgement of nting fiduciary Return Origin rm(s) and that the ent ind only declare that the eturn(s). I will give the tribed in Pub. 1437, F nder penalties of perju e and belief, they are <u>KERS CPA</u> <u>OESE & KR</u> <u>O NORTH M</u> <u>OUX CENTE</u> he above estate or tru- n of preparer is based	the attached listing) ag 1 have also examined is to fmy knowledge and b iles and statements, be receipt of transmission nator (ERO) and tries on Form 8453-F ar his form accurately refle e fiduciary or officer rep Procedures for the Form ury I declare that I have true, correct, and comp Date 04/1 OESE P.C. IAIN AVENUE R ust return(s) and accomp	a copy of the return(s) be elief, they are true, corre- sent to the Internal Reve and an indication of whe Paid Preparer e complete and correct f cts the data on the return resenting the fiduciary a 1041 e-file Program, U. examined the above est lete. Declaration of prep 4/11 Check if also paid preparer ► IA 51250-1 panying schedules and a	eing filed electron act, and complete enue Service by t ether or not the re Date (see instruct o the best of my n(s). The fiduciar copy of all forms S. Income Tax R ate or trust return arer is based on X Exact entry the the employ 82.4	ically with the I . If I am not the he return trans stum(s) is acce	nternal transmitter, mitter. I also pted, and, if am only a representing n to be filed es and panying of which the ERO's SSN or PTIN PO0144154 2-1277139 712-722-33 ⁻ y knowledge

BRUNSTING003488

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2010 Form 1041-V

What Is Form 1041-V and Do You Have To Use It?

It is a statement you send with a check or money order for any balance due on Line 27 (Tax due) of the estate's or trust's 2010 Form 1041. Using Form 1041-V allows us to process the payment more accurately and efficiently. We strongly encourage you to use Form 1041-V, but there is no penalty if you do not.

Note. Any reference in these instructions to "you" means the fiduciary of the estate or trust.

How To Fill In Form 1041-V

Line 1. Enter the estate's or trust's employer identification number (EIN) as shown on its return.

Line 2. Enter the amount you are paying by check or money order.

Line 3. Enter the name of the estate or trust.

Line 4. Enter your name and title.

Line 5. Enter your address exactly as shown on the estate's or trust's return. Please print clearly.

How To Prepare the Payment

• Make the check or money order payable to the "United States Treasury." Do not send cash.

• Make sure the name of the estate or trust appears on the check or money order.

Department of the Treasury Internal Revenue Service

• Write the estate's or trust's EIN of Profit Copy on the check or money order.

• To help us process the payment, enter the amount on the right side of the check like this: \$ XXX.XX. Do not use dashes or lines (for example, do not enter "\$ XXX---" or "\$ XXX xx/100").

How To Send In the Estate's or Trust's 2010 Tax Return, Payment, and Form 1041-V

• Detach Form 1041-V along the dotted line.

• Do not staple or otherwise attach the payment or Form 1041-V to the return or to each other. Instead, just put them loose in an envelope.

• Mail the estate's or trust's 2010 tax return, payment, and Form 1041-V to the address shown on the back that applies to you.

N	lai		L REVEN	THE TREAS UE SERVIO 1-0148						
										Form 1041-V (2010)
				▼ Detach Her	e and	Mail With Your Payn	nent	and Return ▼		· ···· ··· ··· ···
	Form	1041-V				Payment Vou	ch	er		OMB No. 1545-0092
	Deg Inte	partment of the Treasury mail Revenue Service (99)		Do not stap	le or	attach this voucher t	о уо	ur payment or retu	IFN.	2010
	1	Employer identification num	nber (EIN)				2	Amount you are paying by check or money order	Do	^{llars} 7,095
type	3	Name of estate or trust		H BRUNST AS EST U			TR	DTD		
Print or t	4	Name and title of fiduciary		BRUNSTIN						
1	5	Address of fiduciary (number	er, street, and ro	om or suite no.)						
		203 BLOOMING	GDALE C	IRCLE						
		City, state, and ZIP code								
		VICTORIA		TX 779	904					

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

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SCHEDULE I (Form 1041)

Department of the Treasury

Alternative Minimum Tax—Estates and Trusts

OMB No. 1545-0092

2010

►	Attach	to	Form	10	41.	. Se	9e	the	separate	instructions

for Schedule I (Form 1041).

Intém	al Revenue Service		
	of estate or trust	yer ide	ntification number
		ent	Сору
<u>4</u>		645.	3100
P	Estate's or Trust's Share of Alternative Minimum Taxable Income	·	
1	Adjusted total income or (loss) (from Form 1041, line 17)	1	81,774
2	Interest	2	
3	Taxes	3	
4	Miscellaneous itemized deductions (from Form 1041, line 15b)	4	
5	Refund of taxes	5)
6	Depletion (difference between regular tax and AMT)	6	N# #10111111
7	Net operating loss deduction. Enter as a positive amount	7	
8	Interest from specified private activity bonds exempt from the regular tax	8	179
9	Qualified small business stock (see page 2 of the instructions)	9	
10	Exercise of incentive stock options (excess of AMT income over regular tax income)	10	
11	Other estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	11	
12	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	12	
13	Disposition of property (difference between AMT and regular tax gain or loss)	13	,
14	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	14	
15	Passive activities (difference between AMT and regular tax income or loss)	15	
16	Loss limitations (difference between AMT and regular tax income or loss)	16	
17	Circulation costs (difference between regular tax and AMT)	17	
18	Long-term contracts (difference between AMT and regular tax income)	18	
19	Mining costs (difference between regular tax and AMT)	19	
20	Research and experimental costs (difference between regular tax and AMT)	20	· · · · ·
21	Income from certain installment sales before January 1, 1987	21)
22	Intangible drilling costs preference	22	
23	Other adjustments, including income-based related adjustments	23	
24	Alternative tax net operating loss deduction (See the instructions for the limitation that applies.)	24)
25	Adjusted alternative minimum taxable income. Combine lines 1 through 24	25	81,953
	Note: Complete Part II below before going to line 26.		
26	Income distribution deduction from Part II, line 44 26 31, 431		
27	Estate tax deduction (from Form 1041, line 19)		
28		28	31,431
29	Add lines 26 and 27 Estate's or trust's share of alternative minimum taxable income. Subtract line 28 from line 25	29	50,522
LJ	If line 29 is:		
	 \$22,500 or less, stop here and enter -0- on Form 1041, Schedule G, line 1c. The estate or 		
	trust is not liable for the alternative minimum tax.		
	Over \$22,500, but less than \$165,000, go to line 45.		
	 \$165,000 or more, enter the amount from line 29 on line 51 and go to line 52. 		
P	Income Distribution Deduction on a Minimum Tax Basis		· · · · · · · · · · · · · · · · · · ·
30	Adjusted alternative minimum taxable income (see page 6 of the instructions)	30	81,953
31	Adjusted tax-exempt interest (other than amounts included on line 8)	31	1,891
32	Total net gain from Schedule D (Form 1041), line 15, column (1). If a loss, enter -0-	32	
33	Capital gains for the tax year allocated to corpus and paid or permanently set aside for charitable		
33	A second design and the second of the second s	33	
24	Capital gains paid or permanently set aside for charitable purposes from gross income (see page 6 of the instructions)	34	
34 25		35	50,522)
35 26	Capital gains computed on a minimum tax basis included on line 25 Capital losses computed on a minimum tax basis included on line 25. Enter as a positive amount	35	<u> </u>
36		30 37	33,322
37	Distributable net alternative minimum taxable income (DNAMTI). Combine lines 30 through 36. If zero or less, enter -0-		33,322
38	Income required to be distributed currently (from Form 1041, Schedule B, line 9)	38	
39	Other amounts paid, credited, or otherwise required to be distributed (from Form 1041, Schedule B, line 10)	39	33,322
40	Total distributions. Add lines 38 and 39	40	
41	Tax-exempt income included on line 40 (other than amounts included on line 8)	41	1,891
42	Tentative income distribution deduction on a minimum tax basis. Subtract line 41 from line 40	42	31,431

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

<u>31,431</u> Schedule I (Form 1041) (2010)

Sched	ule I (Form 1041) (2010) ELMER H BRUNSTING DECEDENTS TR DTD	27-6453100	Page 2
Pa	nt II Income Distribution Deduction on a Minimum Tax Basis (continued)		
43	Tentative income distribution deduction on a minimum tax basis. Subtract line 31 from line 37.		
	If zero or less, enter -0-	43	31,431
44	Income distribution deduction on a minimum tax basis. Enter the smaller of line 42 or line 43.		
	Enter here and on line 26	Client C	opy 31,431
Pa	nt III Alternative Minimum Tax		
45	Exemption amount	45	22,500
46	Enter the amount from line 29	50,522	
47	Phase-out of exemption amount 47	75,000	
48	Subtract line 47 from line 46. If zero or less, enter -0-	0	
49	Multiply line 48 by 25% (.25)	49	
50	Subtract line 49 from line 45. If zero or less, enter -0-	50	22,500
51	Subtract line 50 from line 46	51	28,022
52	Go to Part IV of Schedule I to figure line 52 if the estate or trust has qualified dividends or has a		
	gain on lines 14a and 15 of column (2) of Schedule D (Form 1041) (as refigured for the AMT, if		
	necessary). Otherwise, if line 51 is-		
	 \$175,000 or less, multiply line 51 by 26% (.26). 		
	Over \$175,000, multiply line 51 by 28% (.28) and subtract \$3,500 from the result	52	3,858
53	Alternative minimum foreign tax credit (see page 7 of the instructions)		
54	Tentative minimum tax. Subtract line 53 from line 52		3,858
55	Enter the tax from Form 1041, Schedule G, line 1a (minus any foreign tax credit from Schedule G, line 1	2a) 55	7,218
56	Alternative minimum tax. Subtract line 55 from line 54. If zero or less, enter -0 Enter here and		
	on Form 1041, Schedule G, line 1c		0
Pa	TAIN Line 52 Computation Using Maximum Capital Gains Rates		
	Caution: If you did not complete Part V of Schedule D (Form 1041), the Schedule D Tax Worksheet,		
	or the Qualified Dividends Tax Worksheet, see page 8 of the instructions before completing this part.		
57	Enter the amount from line 51		28,022
58	Enter the amount from Schedule D (Form 1041), line 22, line 13 of the		
	Schedule D Tax Worksheet, or line 4 of the Qualified Dividends Tax		
	Worksheet, whichever applies (as refigured for the AMT, if necessary)58	50,522	
59	Enter the amount from Schedule D (Form 1041), line 14b, column (2) (as		
	refigured for the AMT, if necessary). If you did not complete Schedule D		
	for the regular tax or the AMT, enter -059		
60	If you did not complete a Schedule D Tax Worksheet for the regular tax		
	or the AMT, enter the amount from line 58. Otherwise, add lines 58 and		
	59 and enter the smaller of that result or the amount from line 10 of the		
	Schedule D Tax Worksheet (as refigured for the AMT, if necessary) 60	50,522	
61	Enter the smaller of line 57 or line 60	61	28,022
62	Subtract line 61 from line 57		
63	If line 62 is \$175,000 or less, multiply line 62 by 26% (.26). Otherwise, multiply line 62 by 28%		
	(.28) and subtract \$3,500 from the result	• 63	
64	Maximum amount subject to the 0% rate 64	2,300	
65	Enter the amount from line 23 of Schedule D (Form 1041), line 14 of the		
	Schedule D Tax Worksheet, or line 5 of the Qualified Dividends Tax		
	Worksheet on page 27 of the Instructions for Form 1041, whichever		
	applies (as figured for the regular tax). If you did not complete		
	Schedule D or either worksheet for the regular tax, enter -0-		
66	Subtract line 65 from line 64. If zero or less, enter -0-	2,300	
67	Enter the smaller of line 57 or line 58 67	28,022	
68	Enter the smaller of line 66 or line 67	2,300	
69	Subtract line 68 from line 67	25,722	
70	Multiply line 69 by 15% (.15) If line 59 is zero or blank, skip lines 71 and 72 and go to line 73. Otherwise, go to line 71.		3,858
71	Subtract line 67 from line 61		
72	Multiply line 71 by 25% (.25)	▶ 72	
73	Add lines 63, 70, and 72	73	3,858
74	If line 57 is \$175,000 or less, multiply line 57 by 26% (.26). Otherwise, multiply line 57 by 28% (.28)		
	and subtract \$3,500 from the result	74	7,286
75	Enter the smaller of line 73 or line 74 here and on line 52		3,858
DAA		BRUSHATIN	èqq #694n 1041) (2010)

SCHEDULE D	Canital Gaine and Lossos							
(Form 1041) Department of the Treasury			n 1041, Form 5227,	, or Form 990-T. See the ir			2010	
Internal Revenue Service Name of estate or trust ELMER H BRUNS 4-1-09 AS EST	UTD 10	CEDENTS T		Form 5227 or Form 990-T,	Ĕ	nployer identification number Client Copy 7-6453100		
Note: Form 5227 filers need t Part I Short-Ter			ses - Assets H	Held One Year or Les	S			
(a) Description of prop (Example: 100 shares 7% prefer	perty	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other (see instructio	1	(f) Gain or (loss) for the entire year	
1a	,	(······		Subtract (e) from (d)	
	,							

b Enter the short-term ga	in or (loss), if	any, from Schedule	D-1, line 1b			1b		
						2		
						3	<u> </u>	
4 Short-term capital loss							<u></u>	
5 Net short-term gain or	r (loss). Comt	pine lines 1a throug	h 4 in column (f). Er	nter here and on line 13,	• • • • • • • • • • • • • • • • • • • •	4 ()	
column (3) on the back						- 5		
		1		leld More Than One			(f) Gain or (loss) for	
(a) Description of prop (Example: 100 shares 7% prefer	red of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other (see instructio		the entire year Subtract (e) from (d)	
6a INVESCO VK I	NTERNAI	IONAL GRT INHERIT	FUNDY 06/08/10	2,933	2	,234	699	
BRANDYWINE B	LUE FUN	D INHERIT	VARIOUS	2,945	2	,220	725	
CHEVRON CORP			06/03/10	69,378		,556	6,822	
CITIGROUP IN	С	INHERIT						
COLUMBIA MID	CAP VA	INHERIT LUE FUND	06/03/10	10,217		,682	3,535	
	*****	INHERIT	VARIOUS	2,992	1	,827	1,165	
b Enter the long-term gain	n or (loss), if a	iny, from Schedule I	D-1, line 6b			6b	37,391	
7 Long-term capital gain of	or (loss) from	Forms 2439, 4684,	6252, 6781, and 88	324		7		
8 Net long-term gain or (le	Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts							
9 Capital gain distribution	s			SEE STATEME	NT 2	9	185	
10 Gain from Form 4797, F						10		
11 Long-term capital loss of Carryover Worksheet				e 2009 Capital Loss		11 ()	
12 Net long-term gain or column (3) on the back	(loss). Combi	ine lines 6a through	11 in column (f). E	nter here and on line 14a,		12	50,522	
For Paperwork Reduction A				<u></u>			dule D (Form 1041) 2010	

DAA

Sche	dule D (Form 1041) 2010 ELMER H BRUNSTING D	ECED	ENTS TR	DTD	27-6453100	Page 2
0000.000	rt III Summary of Parts I and II		(1) Benefi		(2) Estate's	(0) Tatal
	Caution: Read the instructions before completing this pa	art.	(see in	str.)	or trust's	(3) Total
13	Net short-term gain or (loss)	13				
14	Net long-term gain or (loss):					Conversion
а	Total for year	14a			<u>Galeer</u>	t Copy 50,522
b	Unrecaptured section 1250 gain (see line 18 of the wrksht.)	14b				
¢	28% rate gain	14c			50 50	
15	Total net gain or (loss). Combine lines 13 and 14a	15			50,522	
	: If line 15, column (3), is a net gain, enter the gain on Form 1041, lin					
gains	, go to Part V, and do not complete Part IV. If line 15, column (3), is	a net los:	s, complete Pa	art IV and th	e Capital Loss Carryover	Worksheet, as
	isary.					
	nt IV Capital Loss Limitation					<u> </u>
16	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-	-T, Part I	, line 4c, if a tr	ust), the sm	1	
a						
	: If the loss on line 15, column (3), is more than \$3,000, or if Form 10			Form 990-1	, line 34), is a loss, comple	ete the Capital
100000000000	Carryover Worksheet on page 7 of the instructions to figure your ca					
	rt V Tax Computation Using Maximum Capital			omount in a	intered in Dect Lar Dect II a	nd there is an
	a 1041 filers. Complete this part only if both lines 14a and 15 in colu		e gains, or an	amount is e	nieleu ni Faiti of Faith a	
-	on Form 1041, line 2b(2), and Form 1041, line 22, is more than zero		.			
	ion: Skip this part and complete the worksheet on page 8 of the instruction the set (2) is more than zero or	uctions i				
	ther line 14b, col. (2) or line 14c, col. (2) is more than zero, or oth Form 1041, line 2b(1), and Form 4952, line 4g are more than zero	· ·				
	a 990-T trusts. Complete this part only if both lines 14a and 15 are g		nualified divide	nds are incl	uded in income in Part I of	Form 990-T
	Form 990-T, line 34, is more than zero. Skip this part and complete th					
	col. (2) is more than zero.	IC WORKS	neet on page (doubling in called in the 1-10, o	
17	Enter taxable income from Form 1041, line 22 (or Form 990-T, line	34)		17	50,422	
18	Enter the smaller of line 14a or 15 in column (2)		• • • • • • • • • • • • •			
10	but not less than zero 18		50,522			
19	Enter the estate's or trust's qualified dividends from		001022			
15	Form 1041, line 2b(2) (or enter the qualified dividends					
	included in income in Part I of Form 990-T) 19					
20	Add lines 18 and 19 20		50,522			
21	If the estate or trust is filing Form 4952, enter the					
	amount from line 4g; otherwise, enter -0-		0			
22	Subtract line 21 from line 20. If zero or less, enter -0-			22	50,522	
23	Subtract line 22 from line 17. If zero or less, enter -0-			23	0	
20						
24	Enter the smaller of the amount on line 17 or \$2,300			24	2,300	
25	Is the amount on line 23 equal to or more than the amount on line 2	4?	,			
	Yes. Skip lines 25 through 26; go to line 27 and check the "No"					
	X No. Enter the amount from line 23			25		
26	Subtract line 25 from line 24			26	2,300	
27	Are the amounts on lines 22 and 26 the same?		, <i>,</i> . , <i>, .</i> . ,			
	Yes. Skip lines 27 through 30; go to line 31. X No. Enter the small	l ier of line	17 or line 22	27	50,422	
28	Enter the amount from line 26 (If line 26 is blank, enter -0-)			28	2,300	
29	Subtract line 28 from line 27			29	48,122	
30	Multiply line 29 by 15% (.15)					7,218
31	Figure the tax on the amount on line 23. Use the 2010 Tax Rate Sci	hedule fo	or Estates and	Trusts		
	(see the Schedule G instructions in the instructions for Form 1041)				31	
32	Add lines 30 and 31				32	7,218
33	Figure the tax on the amount on line 17. Use the 2010 Tax Rate Sci					
	(see the Schedule G instructions in the instructions for Form 1041)				33	16,623
34	Tax on all taxable income. Enter the smaller of line 32 or line 33 h	here and				
	G, line 1a (or Form 990-T, line 36)		<u></u>			
	······				Sc	hedule D (Form 1041) 2010

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Schedule D-1 (Form 1041) 2010

P	an	e	2

Name of estate or trust as shown on Form 1041. Do not enter name and employer identification number if shown on the other side ELMER H BRUNSTING DECEDENTS TR DTD

Employer identification number

art II Long-Term Capital (ses–Assets Hel	d More Than One Y	ear Altaret	~
(a) Description of property (Example: 100 sh. 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see instructions)	COCAY or (loss) Subtract (e) from (d)
DWS SMALL CAP VALU		1 I			
	INHERIT	VARIOUS	1,890	1,118	7
DALLAS TX AREA RAE	ì	00/07/10	10 057	0 075	1.
DO DEU MEDIANELO (II	INHERIT	06/07/10	10,057	9,875	<u></u>
DC REV MEDLANTIC/H	INHERIT	B 06/07/10	19,800	19,010	7
DODGE & COX INTL S	*	4	19,000	19,010	
DODGE & COX INIL 3	INHERIT	VARIOUS	10,773	6,473	4,3
DODGE & COX INCOME		VARIOUS	<u> </u>	0,11	
DODGE & COX INCOME	INHERIT	VARIOUS	4,592	4,016	5
E I DU PONT DE NEM			1/0/2		
	INHERIT	06/03/10	7,274	4,527	2,7
EATON VANCE TAX MA			/ /		
	INHERIT	06/08/10	4,640	3,754	8
EXXON MOBIL CORP					
	INHERIT	06/03/10	16,476	18,289	-1,8
FIDELITY NEW INSIG	HTS FD IN				
	INHERIT	VARIOUS	4,590	3,128	1,4
FIDELITY INTER MUN	I INCM FE				
	INHERIT	VARIOUS	6,229	5,986	2
FRANKLIN FED TAX F		ADV			
	INHERIT	06/08/10	4,572	4,234	3
FRANKLIN HIGH YLD	1	ADV		4 0 7 0	<u>_</u>
	INHERIT	06/08/10	2,288	1,972	3
HARTFORD DIVIDEND	& GROWTH	0.000/100	2 1 2 0	0 450	<u></u>
	INHERIT	06/08/10	3,136	2,450	6
HAYS TX CONS INDPI	ſ	GO 06/07/10	31,500	29,742	1,7
ING GLOBAL REAL ES	INHERIT		51,500	23,142	1,1
ING GLOBAL KEAL ES	INHERIT	VARIOUS	2,946	1,763	1,1
IN MUN PWR AGY PWF			2, 540	±,105	······································
IN MON EWIN AGI EWA	INHERIT	06/07/10	30,930	30,263	6
INVESTMENT CO OF A				00,200	
	INHERIT	VARIOUS	6,007	4,420	1,5
PERKINS MID CAP VA					
	INHERIT	06/08/10	1,594	998	5
JOHN HANCOCK INTL	CORE FD				
	INHERIT	06/08/10	1,941	1,671	2
JOHNSON & JOHNSON					
	INHERIT	06/03/10	8,985	7,881	1,1
JPMORGAN CORE BONE	E				
	INHERIT	VARIOUS	3,952	3,702	2
JPMORGAN HIGH YIEI		1 2			-
	INHERIT	VARIOUS	1,343	998	3
MFS RESEARCH INTL	FD CL I				<u> </u>
	INHERIT	VARIOUS	7,566	5,156	2,4
MONROE CNTY NY ARE	\$, <u>,</u>	0 000	~
	INHERIT	06/07/10	9,357	8,990	3
MUNDER MID CAP COF			A 1 A A	1 510	~
	INHERIT	06/08/10	2,126	1,519	6
Total Combine the emounts in colum					22.6
		na on Conseit i ^{na}			

Schedule D-1 (Form 1041) 2010 BRUNSTING003500

22,629

Schedule D-1 (Form 1041) 2010

6b Total. Combine the amounts in column (f). Enter here and on Schedule D, line 6b	<u> </u>
Sched	lule D-1 (Form 1
DAA BRUNS	TING003502

LMER H BRUNSTING DE -1-09 AS EST UTD 10		A DID		27-6	453100
art II Long-Term Capital (ses–Assets Hel	d More Than One Y		400100
(a) Description of property (Example: 100 sh. 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see instructions)	Collay or (loss) Subtract (e) from (d)
MUTUAL GLOBAL DISC	OVERY FD INHERIT	Z 06/08/10	2,641	2,251	390
NEW WORLD FUND CL	F1 INHERIT	VARIOUS	1,976	1,214	762
	OND FUND INHERIT	Y VARIOUS	1,923	1,684	239
OPPNHMR CMD STRAT	TTL TRN C INHERIT	L Y VARIOUS	3,735	2,946	789
PIONEER FUND CL Y	INHERIT	VARIOUS	7,550	5,200	2,350
PIONEER CULLEN VAI	INHERIT	L Y 06/08/10	3,602	2,904	698
	O INHERIT	06/03/10	18,600	14,216	4,384
T ROWE PRICE BLUE	CHIP GROW	06/08/10	3,154	2,336	818
	Y INCOME INHERIT	FD VARIOUS	5,883	3,907	1,976
T PRICE SUMMIT MUN	INHERIT	FD 06/08/10	5,088	4,831	257
	NCOME FUN INHERIT	VARIOUS	3,884	3,498	386
TAX EXEMPT BOND FI	INHERIT	F1 . 06/08/10	5,103	4,697	406
THORNBURG LTD TERM	INHERIT	06/08/10	3,954	3,779	175
THORNBURG INVT TR	VALUE FD INHERIT	I VARIOUS	3,403	2,192	1,211
UNIV TX PERM UNIV	FD RFDG INHERIT	06/07/10	5,503	5,582	-79

	[<u></u>				

AABrunsting.Financials000020

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sc	HEDULE E			Supplemen	tal Income ar	nd Loss			OMBI	lo. 1545-	0074
(Fo	orm 1040)			•	estate, royalties, pa				2	010	0
Dep	artment of the Treasury			F.	estates, trusts, REM				Attach	ment	v
	mai Revenue Service (99)	Attach t	to Form	1040, 1040NR, or Form 104	11. ► See Inst	tructions for	Schedule E (Form			nce No.	13
	ne(s) shown on return ELMER H BRUNSTI	NG DE	CEDI	ENTS TR DTD				ant	Copy	oer I	
	1-1-09 AS EST U						27-	645:	3100 J		
				ntal Real Estate and	Royalties Note.	If you are in	*****			erty, us	e
409254				3). If you are an individual	•	•				•	
1	List the type and address or	f each ren	tai real	estate property:			2 For each rental real of	estate prop	perty	Yes	No
	FARMLAND						listed on line 1, did y	on ot Aont	family		
Α	IOWA						use it during the tax	year for pe	ersonal		
							purposes for more th	an the gre	ater of: A		X
							 14 days or 				
в	•••••••••••••••••••••••••••••••••••••••	. <i></i>					 10% of the total d 	lays rented		1	
<u></u>							fair rental value?		B		+
~							(See page E-3)				
С	· · · · · · · · · · · · · · · · · · ·	. <i>.</i>			• • • • • • • • • • • • • • • • • • • •				c		ĺ
Inc	come:				Properties				Total	-	1
				A	В		С	L_ (A	dd columns /		C.)
3	Rents received	[3	26,685				3			685
4	Royalties received	<u></u>	4					4			
	penses:										
5	Advertising	· · <i>· · ·</i> · · · · · .	5		<u></u>						
	Auto and travel (see page E-4		6								
	Cleaning and maintenance		7								
	Commissions	····· ⊢	8				· · · · · · · · · · · · · · · · · · ·				
	Insurance		9								
	Legal and other professional t		10 11		······································						
	Management fees Mortgage interest paid to ban		<u></u>								
12	etc. (see page E-5)	•	12					12			
13	Other interest		13							~~~~~	
	Repairs		14								
	Supplies	· · · · · · · · · · · · · · · · · · ·	15								
	Taxes		16	2,672							
17	Utilities	[17								
18	Other (list) 🕨										
			18								
										~	60
	Add lines 5 through 18	· · <i>· ·</i> · · · · · · · · · · · · · · ·	19	2,672				19		2,	<u>672</u>
20	Depreciation expense or		_								
	depletion (see page E-5)		20	2,672				20			
21	Total expenses. Add lines 19 and	20	21	2,012	*** * *						
22	Income or (loss) from rental n	lea									
	estate or royalty properties.										
	Subtract line 21 from line 3 (re										
	or line 4 (royalties). If the resu a (loss), see page E-5 to find										
	if you must file Form 6198		22	24,013							
23	Deductible rental real estate loss.										
	Caution. Your rental real estate l										
	on line 22 may be limited. See page E-5 to find out if you must file For										
	8582. Real estate professionals	***									
	must complete line 43 on page 2	L	23 (O <u>X</u>		<u> </u>				~~ A	017
	Income. Add positive amount							24		<u> </u>	<u>013</u>
	Losses. Add royalty losses fr Total rental real estate and							25 ()
	Parts II, III, IV, and line 40 on	page 2 do	not ap	ply to you, also enter this a	mount on Form 1040), line 17, or		26		24	013
For	Form 1040NR, line 18. Othen Paperwork Reduction Act Noti	wise, incluice, see you	ue inis ur tax re	amount in the total on line total on line	4 r on page 2	<u></u>	RI		111000350	<u>ر ت ک</u> orm 104	0) 2010
DAA				-			DI	0101			

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			Final K-1 Amended	K-1	661110 OMB No. 1545-0092
Schedule K-1	2010	P			Current Year Income.
(Form 1041) Department of the Treasury Internal Revenue Service	For calendar year 2010, or tax year beginning,	1	Deductions, Cred	11	Final year deductions
	and ending	2a	Ordinary dividends 7,239		ent Copy
Beneficiary's Share of Credits, etc.	of Income, Deductions, See back of form and instructions.	2b	Qualified dividends 2,857		
-	About the Estate or Trust	3	Net short-term capital gain		
A Estate's or trust's employer identi		4a	Net long-term capital gain		
27-6453100	•	4b	28% rate gain	12	Alternative minimum tax adjustment
B Estate's or trust's name		4c	Unrecaptured section 1250 gain	<u>A</u>	179
ELMER H BRUNST 4-1-09 AS EST	FING DECEDENTS TR DTD UTD 10-10-96	5	Other portfolio and nonbusiness income	J	179
C Fiduciary's name, address, city, s		6	Ordinary business income	-	
ANITA BRUNSTIN TRUSTEE 203 BLOOMINGDA		7	Net rental real estate income 24,013	13	Credits and credit recapture
VICTORIA	TX 77904	8	Other rental income		
		9	Directly apportioned deductions		· · · · · · · · · · · · · · · · · · ·
D Check if Form 1041-T was fi	iled and enter the date it was filed			14	Other information
E Check if this is the final Form	n 1041 for the estate or trust			<u>A</u>	2,070
		10	Estate tax deduction	<u>B</u>	90
Part II Information F Beneficiary's identifying number	About the Beneficiary			E	7,239
481-30-4685				<u>H *</u>	STMT
G Beneficiary's name, address, city					
NELVA BRUNSTIN 13630 PINEROCH	K LN	*Se	e attached statement for addi	ional ir	nformation.
HOUSTON	TX 77079-5914	ber dec	te. A statement must be attach heficiary's share of income and luctions from each business, r er rental activity.	l direct	ly apportioned
		For IRS Use Only			
H X Domestic beneficiary	Foreign beneficiary	For	· Debenderse se s		

For Paperwork Reduction Act Notice, see the Instructions for Form 1041. $\ensuremath{\mathsf{DAA}}$

Schedule K-1 (Form 1041) 2010 BRUNSTING003506

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9706 ELMER H BRUNSTING DECEDENTS TR DTD 27-6453100 Federal Statements FYE: 12/31/2010

Payer		N	lunicipal Bond	Private vity Bond
EDWARD JONES		\$	1,891	\$ 179
		\$	1,891	179
TOTAL TAX-EXEMPT INCOME <u>Statement 2 - Schedu</u>	ile D, Part II, Line 9	- Capital Gain	Distributions	 2,070
Statement 2 - Schedu	Ile D, Part II, Line 9) - Capital Gain	Distributions	2,070
Statement 2 - Schedu) - Capital Gain	Distributions	2,070 mount 185

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9706 ELMER H BRUNSTING DECEDENTS TR DTD 27-6453100 Federal Statements FYE: 12/31/2010 NELVA BRUNSTING 481-30-4685

				Client	Сору
	<u>Schedule</u>	K-1, Box 14, C	ode H - Other Information		
		cription			Amount
USINESS AND RENTAL FARMLAND INCOME	ACTIVITY	DETAIL:		\$	24,013

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BRUNSTING003511

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	4044	1	Estimate Works	sheet		0040
F	orm 1041	For calendar year 2	011, or tax year beginning	, and ending		2010
Name			***************************************		Тахрауе	r Identification Number
		RUNSTING DECE			diant	Cany
		EST UTD 10-1			Client	<u>45009</u>
Reco	d of Estimated	Tax Payments (see 1041)	ES instructions for correct payment du	le dates)		
Pay	ment					
nun	nber	(a) Due Date	(b) Amount Due	(c) Date Paid	(d) Amount Paid
1		04/18/11	1,780			<u>,</u>
2		06/15/11	1,780			
3		09/15/11	1,780			
4		01/17/12	1,780			
Tota	al <u></u>	. <u></u>	7,120	I		
1	Enter adjusted to	otal income expected in 20	Calculation of 1041-E			
			Juction			
3	Enter any estate	tax deduction	· · · · · · · · · · · · · · · · · · ·	3		
4	Enter exemption	(see instructions)		4		
5	Add lines 2 throu	ugh 4			5	
6	Taxable income	of estate or trust. Subtract	line 5 from line 1		6	·
						7,218
8	Alternative minir	num tax			8	
9	Add lines 7 and	Include any tax on lump	-sum distributions from Form 4972	,		7,218
10	Credits (see inst	ructions)		· · · · · · · · · · · · · · · · · · ·	10	
			enter -0-			7,218
12	Other taxes (see	e instructions)				100
			ithheld during 2011 and other refundal		4	<u> </u>
						7,120
15	Balance		anial to not until adjustan		15	1,120
16 17	Less amount of	current year overpayment	applied to next year's estimates		17	
18	Less amounts a	a cauy pain towards next y	ear's estimates		· · · · · · · · · · · · · · · · · · ·	7,120
10	i viai estimates	I TO HEAL YEAL		<u></u>		1120

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BRUNSTING003512

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Form 1116	Form 1116 Page 1 Detail Worksheet	Detail Worksheet	2010	
	For calendar year 2010, or tax year beginning	, and ending		
Name FIMER H RRINSTINC DEC	TURNES TR DED		CI CI Brita Copyration Number	0er
9 AS EST UTD			27-6453100	
Category of income	PASSIVE INCOME		Regular Tax X Alternative Minimum Tax	1
Name of foreign country	VARIOUS			
1a Gross income: (1) Other income	3,060			
Qualified dividends	2,857			
Short-term capital gain / loss	185			
 Expenses definitely related 			-	:
Other deductions				
Gross foreign source	6,102			
	88,408			Т
31 Divide line 3a by line 3e 3g Muttiply line 3c by line 3f	0,000.0			
Home mortgage interest				
.0				
5 Losses from foreign sources Deductions not definitely related				
(Add lines 3g, 4a, 4b, and 5)				
8 Foreign taxes paid or accrued	06			
Fiduciary share (2)	0.0000 %	%	%	%
면 전(1) Gross income is per input. Fiduciary she 전2) Fiduciary share is reported on Form 111 고그	⊠ 2(1) Gross income is per input. Fiduciary share will be allocated / limited on Form 1116; beneficiary share is allocated on the Beneficiary Foreign Tax Credit Schedule. 2(2) Fiduciary share is reported on Form 1116; beneficiary share is reported per beneficiary on the Beneficiary Foreign Tax Credit Schedule. 2(2) Fiduciary share is reported on Form 1116; beneficiary share is reported per beneficiary on the Beneficiary Foreign Tax Credit Schedule.	is allocated on the Beneficiary Fo ciary Foreign Tax Credit Schedule	eign Tax Credit Schedule.	
G003514				

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Form 1116	8	Form	n 1116 Page 1 De	etail Worksheet	***************************************		2010
Form IIIO		For calendar year 2010, or tax y	, and ending			2010	
Name	3					Client	er opyration Number
		CEDENTS TR DTD					
<u>4-1-09 AS</u>	EST UTD 10-	-10-96		· · · · · · · · · ·		27-	6453100
Category of i	ncome	PASSIVE INCOME			Regular Tax	Altern	ative Minimum Tax <u>X</u>
Name of forei	gn country	VARIOUS		1			
1a Gross income							
Other incom		3,060					
Qualified div	vidends	2,857					
	capital gain / loss						
Long-term of	apital gain / loss	185					
2 Expenses def	initely related	-					
3a Certain itemiz	ed deductions						
3b Other deducti	ons						**********
3c Add lines 3a a	and 3b						
3d Gross foreign	source income	6,102					
3e Gross income	from all sources	88,408					
3f Divide line 3d	by line 3e	0.0690					
3g Multiply line 3	c by line 3f					· .	
4a Home mortga	ge interest						
4b Other interest	expense						
5 Losses from f	oreign sources						
Deductions no	ot definitely related						
(Add lines 3	g, 4a, 4b, and 5)	-					
8 Foreign taxes	paid or accrued	90					
Fiduciary sha	are (2)	0.0000 %	%	%	%	%	%
历 도(1) Gross income is	per input. Fiduciary sh	are will be allocated / limited on Form 1 16; beneficiary share is reported per be				lule.	

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		e.ia.us/tax		2010 IA 1041
		ndar Year 2010 or fiscal year beginning , and ending	lowa Fic	luciary Return
Na	me of	ELMER H BRUNSTING DECEDENTS TR DTD	Dept. of Revenue No.	Check one:
Est	ate o	r Trust 4-1-09 AS EST UTD 10-10-96		Estate
		Address, and Title of Fiduciary	Federal Identification No.	
		IA BRUNSTING		
		BLOOMINGDALE CIRCLE	27-6453100	X Complex Trust
		TORIA TX 77904	lowa County in which	
********	****	STEE	estate is pending	Bankruptcy Estate
		of Attorney, Address (Number and Street), City, State, and Zip Code DACE KUNZ-FREED		If trust, check one:
		00 ST MARYS LANE, SUITE 230	Probate No.	X Testamentary
		STON TX 77079	TTODALE NO.	
		y's Phone Number 800-229-3002		Inter Vivos
Auth	oriza	tion is granted to the attorney listed above to receive confidential tax information u		
		epresentative before the lowa Department of Revenue and to make written or oral		Yes X No
			ax Certificate of Acquittance requested? 06 being filed? Yes X No	
<u>15 LII</u>	****			
		Dividends. Enter full amount.		
		Interest Income from partnerships and other fiduciaries. Attach supporting schedule.		
Щ	<u>ار ا</u>	Net rents and royalties	4 24.013	
NC N	5	Net business and farm income or loss. Attach Schedules C or C-EZ and F, federal form 1040.	5	
NCOME	6.	Net gain (loss) from capital assets	6.	
		Ordinary gains (losses). Attach federal form 4797.	·····	
		Other income. State nature of income.		
		Total income. Add lines 1 through 8.		24,013
		Interest. Enter on Schedule D, page 2.	10.	
	11.	Taxes. Enter on Schedule D, page 2.	11. 89	
	12.	Fiduciary fees. Enter on Schedule D, page 2.	12	
	13.	. Charitable deduction from income in compliance with Will or Trust instrument. \dots		
SN		Attorney, accountant, and return preparer fees. Enter on Schedule D, page 2.		
C L		Other deductions not subject to 2% floor. Enter on Schedule D, page 2.		
Ċ		Allowable miscellaneous itemized deductions. Enter on Schedule D, page 2.		0.0
Here.		Total. Add lines 10 through 16.		<u>89</u> ▲ 23,924▲
DED.	, 'O.	Balance. Subtract line 17 from line 9 Distributions to beneficiaries. Complete Schedule B on page 2 or attach federal Schedule K-1		Z3,924
NONC		Federal estate tax attributable to income in respect of a decedent (fiduciary's sha		
tand		Total. Add lines 19 and 20.	re) 20	23,924
/mem		Total. Add lines 19 and 20. Taxable income of fiduciary. Subtract line 21 from line 18. Must be zero on final	refurn 22	0
Staple payment and vouc		sidents complete lines 23-32. Nonresidents complete Schedule C and enter on line		
Stap		Compute tax from rate Schedule E, page 2.		
AX	24.	lowa lump sum tax. Attach federal Schedule 4972.		
H Z C	• nr	Laws minimum tax. Attach IA COEt	7 E	
шп	26.	Tax before credits. Add lines 23 through 25.		0
SID	21.	Personal exemption credit. This is a nonretundable credit.		
	28.	Out-of-state tax credit. Attach copy of out-of-state return and Schedule IA 130.		
g	29.	Motor fuel tax credit. Attach Schedule IA 4136.		
-	- 30.	Other credits. Attach IA 148 Tax Credits Schedule.	30.	
	31.	Total credits. Add lines 27 through 30.	31	
Щ	^{32.}	Tax liability. Residents subtract line 31 from 26. Nonresidents enter amount from		
	33. 24	Tax paid with additional Iowa Fiduciary Income Tax Payment Voucher		
TAX	04. 25	Amount due. If line 33 is less than line 32, enter the difference.		
•		Mail to: Fiduciary Return Processing, Iowa Department of Rev	enue, PO Box 10467, Des Moines	, IA 50306-0467
	DE	CLARATION: The undersigned hereby certifies and declares that this return, and	any schedules or papers attached hereto, ha	s been duly
HFRF	exa by	CLARATION: The undersigned hereby certifies and declares that this return, and a amined; that to the best knowledge and belief of the undersigned, it is a true, correct the income tax law of the State of Iowa and the rules and regulations issued under closed to tax officials of another state or of the United States for tax administrative	authority thereof. Note: State tax information	s required I may be
Ц Ц	dis Sim	closed to tax officials of another state or of the United States for tax administrative nature of fiduciary or officer representing fiduciary	purposes.	Date
N S) NORTH MAIN AVENUE	Date
US:	•		DUX CENTER, IA 51250-1824	04/14/11

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ELMER H BRUNSTING DECEDENTS TR DTD	27-6453100 Fiduciary Schedules A, B, C, D, and E							
Schedule A - Background Information: Answer all applica	ble questions.							
1. Date estate was opened or created:								
3. Decedent's business or occupation:								
5. Was a decedent's final return filed? Yes No								
	No If no, attach earnings statement or explanation to DV							
8. Enter decedent's name, address, and SSN:								
	· · · · · · · · · · · · · · · · · · ·							
9. Name and Social Security No. of decedent's spouse, if any:								
10. Enter name(s) of executor(s):								
11. Enter date(s) and amount(s) of executor's fees paid to executor(s):								
 12. Had federal audit been made on prior returns of decedent or the es 								
13. Have expenses of administration or selling expenses been deducte	d for federal estate tax purposes? \Box Yes X No							
14. Did you as fiduciary withhold on income distributions made to nonre								
15. Does the estate/trust elect to recognize the gain or loss on a distrib								
Schedule B - Beneficiaries' Shares of Income and Cr	edits: Attach additional pages as necessary. In lieu of Sch. B, attach federal Sch. K-1.							
Ben	eficiary A Beneficiary B Beneficiary C TOTALS							
	SCHEDULE K-1 EQUIVALENT(S)							
2. Social Security Number 2.								
3. Address 3.								
4. Iowa resident (Yes/No)								
5. Net short-term capital gain 5.								
6. Net long-term capital gain (100%) 6.								
7. Depreciation and depletion 7.								
8. Ordinary income subject to lowa income tax 8.	23,924							
9. Income not subject to Iowa income tax 9.								
10. Excess deductions 10.								
REGARDING IOWA NONRESIDENT INCOME	III							
11. Iowa income tax withheld, if any 11.								
12. Withholding agent's identification number								
Schedule C - Computation of Nonresident's Tax	Schedule D - Explanation of Expenses							
1. Federal taxable income from federal 1041	Line Explanation Amount							
(include ESBT income) 11								
 Interest and dividends from federal securities 	11 TAX EXPENSE- STMT 1 89							
3. Balance. Subtract line 2 from line 1. 3.	22							
4. Deduction taken for lowa state income tax 4.								
5. Interest and dividends from foreign, state, and								
municipal securities 5. 2, 0	70							
· · · · · · · · · · · · · · · · · · ·								
7. Adjusted taxable income. Add lines 3 through 6. 7. 52, 5								
8. Compute tax on the amount shown on line 7								
using Schedule E. 8. 3, 1	37							
9. Personal exemption credit 9. \$40								
10. Tax before being prorated 103, 0								
11. Nonresident percentage. Divide amount on line								
22, page 1, by amount on line 7, Schedule C.	Calculula E. Tau Datas							
This may not be greater than 100.0%.	Schedule E - Tax Rates							
12. Multiply line 10 by percentage on line 11. 12.	2 ⁻⁷⁰ Taxable Income Of Excess Over But Not Over Tax Rate Over							
13. lowa iump-sum tax: Attach federal Schedule 4972. 13.	\$0 \$1,428 \$0.00 + (0.36% x \$0)							
1 · · · · · · · · · · · · · · · · · · ·	\$1,428 \$2,856 \$5.14 + (0.72% x \$1,428)							
	\$2,856 \$5,712 \$15.42 + (2.43% x \$2,856) \$5,712 \$12,852 \$84.82 + (4.50% x \$5,712)							
	\$5,712 \$12,852 \$84.82 + (4.50% x \$5,712) \$12,852 \$21,420 \$406.12 + (6.12% x \$12,852)							
· · · · · · · · · · · · · · · · · · ·	\$21,420 \$28,560 \$930.48 + (6.48% x \$21,420)							
17. Other credits 17	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$							
18. Total credits. Add lines 16 and 17. 18.	\$42,840 \$64,260 \$2,364.19 + (7.92% x \$42,840) \$64,260 over \$4,060.65 + (8.98% x \$64,260)							
19. Total tax liability. Subtract line 18 from line 15.								
Enter on line 32, page 1 19	63-001b (03/23/11)							

BRUNSTING003521

4

Form IA 1041						
		For calendar year 2010, or tax year beginning	. and	f ending		
Name	of trust	anna ann an Anna ann ann ann ann ann ann			Amended K-1	
EL	MER H BRUN	STING DECEDENTS TR DTD				
		T UTD 10-10-96		<u>Client C</u>	OD Vnal K-1	
		umber ▶ 481-30-4685	Estate's or trust's EIN	▶ 27-6453100		
	ciary's name, address		Fiduciary's name, addres			
			ANITA BRUNS			
NE	LVA BRUNST	ING	TRUSTEE			
13	630 PINERO	CK LN	203 BLOOMIN	GDALE CIRCLE		
HO	USTON	TX 77079-5914	VICTORIA	TX 779	04	
	Resident state:	TEXAS				
		Enter the following items on the state inco	me tax return of the above	a named individual.		
						
1	Beneficiary's Share	of Federal Taxable Income 1	31,252	This data presented for informa	tion only	
1	income					
2	Interest			Schedule B, Part I, line 1 or IA	126, line 2	
3	Ordinary dividends			Schedule B, Part II, line 3 or IA	126, line 3	
4 a	Net short-term capi	tal gains4 a		Form IA 1040, line 6 or IA 126,	line 6	
b	Net long-term capit	al gains b		Form IA 1040, line 6 or IA 126,	line 6	
5	Business / Nonpas	sive	,			
а	Income	5a				
b		b		Net amount to: Form IA	1040, line 10 or	
C		C		Form IA	126, line 10	
d		d				
6	Rental and Passive					
а	Income	ба	23,924			
b		b		Net amount to: Form IA	1040, line 10 or	
c		с		Form IA	126, line 10	
d	· ·· ··	d				
7	Distributions in the	Final Year of Estate / Trust				
а	Excess deductions	on termination 7 a		Schedule A, line 21		
b	Short-term capital l	oss carryover b		Form IA 1040, line 6 or IA 126,	line 6	
C	Long-term capital lo	oss carryover c		Form IA 1040, line 6 or IA 126,	line 6	
d		(NOL) carryover d		Form IA 1040, line 24 or IA 126	, line 24	
8	Tax Preference Item	S				
а	Accelerated deprec	ation 8 a		Form IA 6251		
b	Dan I. Kaw	b		Form IA 6251		
C		c		Form IA 6251		
d	Exclusion items	d	179	Form IA 8801		
9 (Other Items					
а	Tax-exempt interes	t9 a		This data presented for informa	ition only	
b	Estate tax deductio	n b		This data presented for informa	ition only	
C	Withholding	С		This data presented for informa	ition only	

Additional Information:

, 9706

BRUNSTING003523

9706 ELMER H BRUNSTING DECEDENTS TR DTD 27-6453100 Iowa Statements FYE: 12/31/2010

Statement 1 - Form IA 1041, Page 2, Schedule D - Taxes Client Copy

Description	Ar	mount
PAGE 1 - TAX EXPENSE	\$	0
FEDERAL TAXES PAID ALLOCATED TO NON-IOWA INCOME		123 -34
TOTAL IOWA TAX EXPENSE	\$	89

BRUNSTING003525

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1040X

Department of the	Treasury-Internal	Revenue Ser	více

Amended U.S. Individual Income Tax Return



(Rev. December 2010)		► See	separa	ate instructions.			
This return is for calendar	year 🛛 2010 🛛	2009 2008		2007			
Other year. Enter one: calen		or fiscal year (month and	i year e	ended):			
Your first name and middle initial		Your last name				Your social se	
NELVA E		BRUNSTIN	IG			481-30-	
lf a joint return, your spouse's first n	ame and middle initial	Your spouse's last n	ame			Your spouse's	social security number
Your current home address (number		P.O. box, see page 5 of instruc	tions.		Apt. no.	Your phone num	ber
13630 PINEROC					I		······
Your city, town or post office, state, HOUSTON		a foreign address, see page 5 o . 77079-5914	of instruct	lons,			
Amended return filing state	us. You must check a	one box even if you are n	ot chan	iging your filing status.			
Caution. You cannot change	your filing status from	m joint to separate return	s after t	the due date.			
X Single	Married filing			separately			
Qualifying widow(er)	Head of hou	sehold (If the qualifying p	erson i	s a child but not your c	1	}	ions.)
Use Part III on th	e back to explain a	ny changes		A. Original amount or as previously adjusted	am o	Net change – ount of increase r (decrease) –	C. Correct amount
Income and Deductio	ns			(see page 6)	e>	plain in Part III	
1 Adjusted gross income (see	page 6 of instructions). I	If net operating loss					00 601
(NOL) carryback is included			1	90,6			90,681
2 Itemized deductions or stand	dard deduction (see page	e 7 of instructions)	2	7,1		24,266	31,366
3 Subtract line 2 from line			3	83,5	81	-24,266	59,315
4 Exemptions. If changing, o	complete Part I on the	back and enter the					2 (50)
amount from line 30(see			4	3,6	50		<u>3,650</u> 55,665
5 Taxable income. Subtra	ct line 4 from line 3		5	79,9	31	-24,266	55,005
Tax Liability							
6 Tax (see page 8 of instru	uctions). Enter metho	d used to figure tax:				د محما	0 202
QDCGTW			6	14,4	55	-6,062	8,393
7 Credits (see page 8 of instru	uctions). If general busin	ess credit carryback					
is included, check here			7	5.4.4			8,393
8 Subtract line 7 from line	If the result is zero	or less, enter -0-	8	14,4		-6,062	0,393
9 Other taxes (see page 8	of instructions)		9	1 4 4		C_062	8,393
10 Total tax. Add lines 8 an	<u>d 9 </u>		10	14,4	55	-6,062	0,00
Payments					- 1		
11 Federal income tax withheld					0		
tax withheld (if changi r			11				
12 Estimated tax payments		oplied from prior year's	40	11,3	60		11,360
return (see page 9 of ins			12 13	<u> </u>	0		
13 Earned income credit (E			13	l			
14 Refundable credits from	Schedule M or Form						
5405 8801 other	8812 8839	8863 8885 or	14		o		
15 Total amount paid with r		of time to file, tay paid wi		al return and addition			
15 Total amount paid with t tax paid after return was						15	3,095
•							14,455
16 Total payments. Add line Refund or Amount Yo	ou Owe (Note Al	llow 8-12 weeks to p	roces	s Form 1040X.)	<u></u>		
17 Overpayment, if any, as	shown on original rei	turn or as previously adju	sted by	the IRS (see page 10			
						17	
of instructions)	e 16 (If less than zero	see page 10 of instruct	ions)			1 0 1	14,455
19 Amount you owe. If line	e 10. column C. is mo	re than line 18. enter the	differe				······································
20 If line 10, column C, is k	ess than line 18, ente	r the difference. This is th	e amou	unt overpaid on this re	turn	20	6,062
21 Amount of line 20 you w					•••••••	21	6,062
22 Amount of line 20 you w				stimated tax 22			
www.runouncormio.co.youm		Account of the second sec				Complete and	sign this form on Page 2.

For Paperwork Reduction Act Notice, see page 11 of instructions.

Form 1040X (Rev. 12-2010)

BRUNSTING003527

NELVA E BRUNSTING

Page 2

Form 1040X (Rev. 12-2010)

Part Exemptions

Complete this part only if you are:

- Increasing or decreasing the number of exemptions (personal and dependents) claimed on line 6d of the return you are amending, or
- Increasing or decreasing the exemption amount for housing individuals displaced by a Midwestern disaster in 2008 or 2009.

See Form 1040 or Form 1040A instructions and page 11 of Form 1040X instructions	5.	A. Original number of exemptions or amount reported or as previously adjusted	B. Net change	C. Correct number or amount
23 Yourself and spouse. Caution. If someone can claim you as a				
dependent, you cannot claim an exemption for yourself			·····	
24 Your dependent children who lived with you				<u></u>
25 Your dependent children who did not live with you due to divorce or separation	25			
26 Other dependents	26			
27 Total number of exemptions. Add lines 23 through 26	27			
28 Multiply the number of exemptions claimed on line 27 by the exemption				
amount shown in the instructions for line 28 for the year you are				
amending (see page 11 of instructions)	28		······	
29 If you are claiming an exemption amount for housing individuals				
displaced by a Midwestern disaster, enter the amount from Form 8914,	·			
line 2 for 2008, or line 6 for 2009	29			
30 Add lines 28 and 29. Enter the result here and on line 4 on page 1 of this form			L	
the second s		If more than 4 dependents	see nage 11 of instruction	15.

31 List ALL dependents (children and others) claimed on this amended return. If more than 4 dependents, see page 11 of instructions

(a) First name	Last name	(b) Dependent's social security number	(c) Dependent's relationship to you	(d) Check box if qualifying child for child tax credit (see page 11 of instructions)
			······	

Part II Presidential Election Campaign Fund

Checking below will not increase your tax or reduce your refund.

Check here if you did not previously want \$3 to go to the fund, but now do.

Check here if this is a joint return and your spouse did not previously want \$3 to go to the fund, but now does.

Part III Explanation of changes. In the space provided below, tell us why you are filing Form 1040X.

Attach any supporting documents and new or changed forms and schedules.

TAXPAYER IS AMENDING HER RETURN TO REPORT MEDICAL EXPENSES AND CONTRIBUTIONS NOT TAKEN ON THE ORIGINAL RETURN.

Sign Here

Remember to keep a copy of this form for your records.

Under penalties of perjury, I declare that I have filed an original return and that I have examined this amended return, including accompanying schedules and statements, and to the best of my knowledge and belief, this amended return is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information about which the preparer has any knowledge.

•		•		
Your signature Paid Preparer Use Only	` Date	Spouse's signat	ure. If a joint return, both must sign.	Date
RICHARD K RIKKERS CPA	07/0	<u>)6/11 к</u>	ROESE & KROESE P.C.	·
Preparer's signature	Date		name (or yours if self-employed) TH MAIN AVENUE	
RICHARD K RIKKERS CPA		SIOUX C	ENTER IA	<u> 51250-1824</u>
Print/type preparer's name P00144154	Che	Firm's address and Z	P code 712-722-3375	42-1277139
PTIN			Phone number	EIN
For forms and publications, visit IRS.gov.				Form 1040X (Rev. 12-2010)
DAA			E	BRUNSTING003528
	AABrunsting	Financials0000)45	

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SCHEDULE A (Form 1040)		Itemized Deductio	ons	омв No. 1545-0074 2010
Department of the Treas Internal Revenue Servic	sury e	(99) Attach to Form 1040. See Instruction	ons for Schedule A (Form 1040).	Attachment Sequence No. 07
Name(s) shown on Form	-4685			
<u>NELVA E E</u> Medical	<u>skr</u>	NSTING Caution. Do not include expenses reimbursed or paid by others.		
and	1	Medical and dental expenses (see instructions)	1 30,534	
Dental		Enter amount from Form 1040, line 38 2 90, 681		
Expenses		Multiply line 2 by 7.5% (.075)	3 6,801	
		Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-		23,733
Taxes You	5	State and local (check only one box):	- 1 255	
Paid		a 🔀 Income taxes, or	<u>5 1,355</u>	
		b General sales taxes	6 1,298	
	6	Real estate taxes (see instructions)	<u> </u>	
	7	New motor vehicle taxes from line 11 of the worksheet on back (for certain vehicles purchased in 2009). Skip this line if	·	
		you checked box 5b	7	
	8	Other taxes. List type and amount ▶		
		SEE STATEMENT	8 145	0 700
		Add lines 5 through 8	9	2,798
Interest	10	Home mortgage interest and points reported to you on Form 1098	10	
You Paid	11	Home mortgage interest not reported to you on Form 1098. If paid to the		
		person from whom you bought the home, see instructions and show that		
Note.		person's name, identifying no., and address		
Your mortgage interest				
deduction may			11	
be limited (see instructions).	47	Points not reported to you on Form 1098. See instructions for		
1130 000107.	12	special rules	12	
		Mortgage insurance premiums (see instructions)	13	
	14	Investment interest. Attach Form 4952 if required. (See		
		instructions.)	14 15	
		Add lines 10 through 14		
Gifts to	16	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	16 4,835	
Charity	17	see instructions Other than by cash or check. If any gift of \$250 or more, see		
If you made a gift and got a	*1	instructions. You must attach Form 8283 if over \$500	17	
benefit for it,	18	Carryover from prior year	18	
see instructions.		Add lines 16 through 18		4,835
Casualty and				
Theft Losses		Casualty or theft loss(es). Attach Form 4684. (See instructions.)		
Job Expenses	21	Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required.		
and Certain		(See instructions.)		
Miscellaneous			21	
Deductions	22	Tax preparation fees	22	
	23	Other expensesinvestment, safe deposit box, etc. List type		
		and amount 🕨		
			23	
	24	Add lines 21 through 23 Enter amount from Form 1040, line 38 25		
			26	
	20	Multiply line 25 by 2% (.02) Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-		
Other	21 29	Other—from list in instructions. List type and amount		
Miscellaneous Deductions				
Total	29	Add the amounts in the far right column for lines 4 through 28. Also, er	ter this amount	
Itemized		on Form 1040, line 40	29	31,366
Deductions	30	If you elect to itemize deductions even though they are less than your	standard	
		deduction, check here tion Act Notice, see Form 1040 instructions.	F	edule A (Form 1040) 2010
For Paperwork Re	duc	tion Act Notice, see Form 1040 instructions.	001	

BRUNSTING003530

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000065 For fiscal yea	ar beginning 01/01	/10 and ending _12/31	<u>/10</u> IA 1040		
STEP 1		Amended Iowa Individua	al Income Tax Retur	<u>'n</u> ,	
A. Your last n	iame	Your first name/middle initial	Social Security Number		
BRUNS	TING	NELVA E	481-30-4685		
B. Spouse's l	ast name	Spouse's first name/middle initial	Social Security Number		
Current Mailing	address (number and street of	 or PO Box):	Residence on 12/31 of	[x]	For Calendar Year
	PINEROCK LN		year being amended County No: 00	Spouse were 65 or older a	t the end
City, town or po HOUSTO	ost office, state, ZIP code N	TX 77079-5914	Sch. Dist. No: 0000	of the tax year.	
	ling Status: Mark co	orrect status.			Reason for Amendment:
		pendent on another person's lowa return f	for the year being amended?	YES X NO	
	ried filing a joint return.				Net Operating Loss
		ombined return. Spouse use column B.			Federal Audit
4 Mam	ed filing separate returns. ise's name:		SSN:	Inc.: \$	Protective Claim
5 Hea	d of household with qualifying	person. If qualifying person is not claimed	d as a dependent on this return	, enter the person's name & SSN	Nhere. X Other
	lifying widow(er) with depende		SSN:		Provide detailed explanation on back.
	Porconal	Credit: Enter 1 or Enter 2 if filing jo	int or head of household	<u>1 X \$</u>	40 = \$ 40
STEP 3	(and spouse IF Enter 1 for	each person who is 65 or older and/or 1	for each person who is blind	▲ 1 × \$	20 = \$20
Corrected		nts: Enter 1 for each dependent			40 = \$
Exemptions		names of dependents here:			TOTAL \$ 60
					40 = \$
					20 = \$
		65 or older and/or 1 if blind			40 = \$
		nts: Enter 1 for each dependent		🔺 ^ V	
	Enter firs	t names of dependents here:		D Ou	
STEP 4				B. Spouse/Status	
Corrected	1. Gross Income			1,	
Taxable	2. Adjustments to Inco	me		2	7,158
Income	3. Net Income. Subtra	ct line 2 from line 1.		3.	
		Taxes		4.	<u>577</u>
		nd 4.		5.	61,352
		ral Taxes			
		ne 6 from line 5.		0	
	8. Deduction: Itemized		· · · · · · · · · · · · · · · · · · ·		
		btract line 8 from line 7.		9	
STEP 5		ax		10.	
Figure		nimum Tax		11.	
Your Tax	12. Total Tax. Add lines	and 11.		12.	
and Credits	13. Total of Exemption Credits,	Earned Income Tax Credit (for years 2006 and pri	ior), & Tuition & Textbook Credit	13	
ere une	14. Balance. Subtract li	ne 13 from line 12. If less than zero,	enter zero.	14	0 843
	15. Credit for Nonreside	ent or Part-Year Resident. Attach IA	126.	15	<u> </u>
	16. Balance. Subtract li	ne 15 from line 14. If less than zero,	enter zero.	16	0 318
		Attach IA 148 Tax Credits Schedule		17.	
		ne 17 from line 16. If less than zero,			0 318
		ax/Emergency Medical Services Sur			A
		Original Return			
	20. CONTIDUTIONS NUM	s 18, 19, and 20.		21.	318
OTED A	21. TOTAL TAX, ADD IMPS	A & B, line 21, and enter here.			
STEP 6					
Refund		from Step 9 of the IA 1040. See inst			
or Amount	24. Tax amount previou	Isiy paid			25. 1,320
You Owe		ayments. Add lines 23 and 24.			26. <u>1, 520</u> 26. 413
		n on previous filing			
	27. Subtract line 26 from	m line 25. Enter here.			
		an line 22, subtract line 22 from line			
		n line 22, subtract line 27 from line 2	2. This is the AMOUNT O	F TAX YOU OWE.	29.
	30. Penalty and Interest. See instructions.	30a. Penalty	🔺 + 30b. Interest		30.
I (We), the und and complete	31. TOTAL AMOUNT NOW DU dersigned, declare under pena return. Declaration of prepare	JE. Add lines 29 and 30 and enter here. Make che alty of perjury that I (we) have examined the		a PAY d, to the best of my (our) knowled any knowledge.	31. Adge and belief, it is a true, correct,
Your Signature		Addr	540 NORTH N		
Date:		Date:	SIOUX CENT		51250-1824
Spouse's Sign	nature:Prepa	rer's			
CS Daytime	Telephone Number:	ture: <u>RICHARD & RITHERO OIN</u>	<u>07/06</u> Date:	/ <u>11</u> / <u>12 - 722 B</u> Phone:	$\frac{42_{3}1277139}{10\#}$

481-30-4685 Form IA 1040X, Page 2

Explanation of Changes to Income, Deductions, and Credits

Enter the line reference from page 1 for which you are reporting a change and give the reason for each change. Please attach

applicable schedules. Please indicate how the change in income, deductions, or credits are allocated between spouses. TAXPAYER IS AMENDING HER RETURN TO REPORT MEDICAL EXPENSES AND CONTRIBUTIONS NOT TAKEN ON THE ORIGINAL RETURN.

Credit Carryforward

If you are amending prior to the end of the year for which this return came due and wish to change your credit carryforward (estimated tax), please fill in these line items.

Calculated Overpayment: Elected Carryforward Amount for You (A)

Total Carryforward Subtract line 2 from line 1 and enter on line 28

DO YOU OWE ADDITIONAL TAX? You have three options to pay!

Spouse (B)

- 1. Payment transfer from your bank account: Go to www.state.ia.us/tax/ and make a direct debit/electronic payment through eFile & Pay.
- 2. Pay by credit card online:Go to www.state.ia.us/tax/ > eServices > Electronic Payment Options. Please note that you will be charged a service fee by the vendor.
- Mail your payment with voucher IA 1040V to Iowa 3. Department of Revenue, Iowa Income Tax - Document Processing, PO Box 9187, Des Moines IA 50306-9187.

NOTE: State tax information may be disclosed to tax officials of another state or of the United States for tax administrative purposes.

Mail return to:

Iowa Income Tax Processing Iowa Department of Revenue Hoover State Office Building Des Moines IA 50319-0120.

FINAL CHECKLIST

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2)

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Before you mail this return, make sure you have:

- Rechecked your math!
- Provided an explanation of the change. .
- Computed interest and any applicable . penalty on additional tax due.
- Signed your return.
- Verified your Social Security Number(s).
- Made your payment, if required.

Please do not send cash by mail.

BRUNSTING003535

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Iowa Itemized Deductions

If you itemize deductions, attach a copy of this schedule or a copy of the federal Schedule A to your return.

		Social Security Number
Name(s) as shown on page 1 of the IA 1040	. 1	
NELVA E BRUNSTING	<u> </u>	481-30-4685

NOTE: If you have federal bonus depreciation, please see the 2010 Expanded Instructions on our Web site.

Medical and		Do not include health insurance premiums deducted on IA 1040, line 18.		
Dental	1.	Medical and dental expenses1.	<u> 29,376 </u>	
Expenses	2.	Multiply the amount on federal form 1040*, line 38 as adjusted for disallowance of bonus		
		depreciation, from line 14 of the IA 1040 by 7.5% (.075). Enter result here. 2.	6,801	22,575
	3.	Subtract line 2 from line 1. If less than zero, enter zero.	<u></u>	22,515
Taxes	4.	State and Local (Check only one box):		
You		a X Other state and local income taxes. Do not include Iowa Income Tax Include School District Surtax and EMS Surtax paid in 2010 OR > 4.		
Paid		Include School District Surfax and EMS Surfax paid in 2010 OR 2011		
		b General sales taxes only from line 5b of the Federal Schedule A.		
	5.	Real estate taxes5	1,298	
		Personal property taxes, including annual vehicle registration	55	
	6. 7.	Other taxes. List the type and	<u></u>	
	1.	amount. FOREIGN TAXES - 1041-GT 7.	90	
	8.	Add amounts on lines 4, 5, 6, and 7. Enter the total here.	8.	1,443
Interest	9a	Home mortgage interest and points reported on federal form 1098 9a.		
You	9b	Home mortgage interest not reported on federal form 1098		
Paid	10.	Points not reported on federal form 1098		
raiu	11.	Qualified mortgage insurance premiums		
	12.	Investment interest. Attach federal form 4952 if required.		
	13.	Add lines 9a-12. Enter total here.	13.	
<u> </u>		Contributions by cash or check		
Gifts	14.	Other than by cash or check. You must attach federal form 8283 if more than \$500. 15		
to	15.	Carryover from prior year as adjusted for disallowance of bonus depreciation 16.		
Charity	16.	Carryover from prior year as adjusted for disallowance of bonus depreciation		4,835
	17.	Casualty or theft loss(es). Attach federal form 4684.	18	
asualty/Theft Loss	18.	Unreimbursed employee expenses. Attach federal form 2106 or 2106-EZ if required. 19.		
Job Expenses	19. 20.	Tax preparation fees 20		
and Misc.	20.	Other expenses. List type and		
	21.	amount 21		
Deductions	00	Add the amounts on lines 19, 20, and 21. Enter the total here		
	22.	Add the amounts on lines 19, 20, and 21. Enter the total here		
	23.	depreciation, from line 14 of the IA 1040* by 2% (.02). Enter the result here.		
	24.	Subtract line 23 from line 22. Enter the total. If less than zero, enter zero.		0
Other Misc.	25.	Other miscellaneous deductions not subject to 2% AGI Limit. List type		
Deductions	20.	and amount.	25.	
				28,853
Total	26.	Add lines 3, 8, 13, 17, 18, 24, and 25, and enter the total here		
Itemized		If using filing statuses 1, 2, 5, or 6, enter the amount on Step 7, line 39 of the l	A 1040.	
Deductions		It doing thing statuses 1, 2, 0, or 0, enter the unbuilt on oup 7, into oo or sho		
Proration		Complete lines 27 through 31 ONLY if you are using filing status 3 or 4. SP	DUSE	YOU
of	27.	Enter the lowa net income of both spouses from IA 1040, line 26 27b.		
Deductions	28.	Total lowa net income, add columns 27a and 27b. Enter the total here.		
Between	29.	Divide the amount on line 27a by the amount on line 28. Enter the percentage here		
Spouses	30.	Multiply line 26 by the percentage on line 29. Enter here and on IA 1040, line 39, column /		
	31.	Subtract line 30 from line 26. Enter here and on IA 1040, line 39, column B. If you are usir	g	
		filing status 4, enter this amount on line 39, column A of your spouse's return.		

*If you filed federal 1040A, see line 21; if federal 1040EZ, see line 4.

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La 104	0	Department of the Treasury—Internal R U.S. Individual Incom		2010	(99)	IRS Use Only-I	o not write c	or staple in this spac	ж.
	Р	For the year Jan. 1-Dec. 31, 2010, or	other tax year beginning	, 201	0, ending	, 20		OMB No. 1545-007	4
Name,	R	Your first name and initial	Last name				Your soci	ial security numbe	er
Address,	Ň	NELVA E	BRUNSTING					-30-4685	
and SSN	Т	If a joint return, spouse's first name and initial	Last name			(Juen	tsocia Qepiyty ni	umber
See separate	C L						<u>.</u>		
instructions.	Ē	Home address (number and street). If	•	instructions.		Apt. no.		ke sure the SSN(nd on line 6c are	
1150 001010.	A R	13630 PINEROCK					A a		
	L	City, town or post office, state, and ZIF						ng a box below w	
Presidential	Y	HOUSTON		<u>7079-591</u>			change	your tax or refun	
Election Campai		Check here if you, or your spouse	if filing jointly, want \$3			▶			Spouse
	1	X Single		4 Head of the gua	r household lifying perso	(with qualifying pe n is a child but no	t your depen	ident, enter this	
Filing Status	2	Married filing jointly (even if only one	had income)	child's n	name here.	•			
Check only one	3 [Married filing separately. Enter spous	e's SSN above	5 🗌 Qualifyi	ng widow(er) with dependent	child		
box.	-	and full name here. 🕨							
	6a	X Yourself. If someone can clair	m you as a dependent,	do not check bo	ox 6a			Boxes check	
Exemptions	b	Spouse						No. of childr	
		Dependents:						✓ if on 6c who:	
	-	* *		(2) Depender		(3) Depende	for (il, child Iived with child	
		(1) First name Last r	ame	social security nu	umber	relationship		cr. (see • did not liv (e 15) you due to d	
If more than four						· · · •		or separation (see instruct	
dependents, see		<u> </u>		······································					•
instructions and								Dependents	
check here									
	-1	Tatal much as of averantions alors		· · · · · · · · · · · · · · · · · · ·				Add number	
	d	Total number of exemptions claim					1		
Income	7	Wages, salaries, tips, etc. Attach Form	(s) W-2				<u>- /</u> 8a	1	15,837
	8a	Taxable interest. Attach Schedule						***	.5,057
Attach Form(s)	b	Tax-exempt interest. Do not inclu	ide on line 8a	L_		5,0		× ~	1 COE
W-2 here. Also attach Forms	9a	Ordinary dividends. Attach Sched	ule B if required				9a	4	21,685
W-2G and	b	Qualified dividends			9b	17,0		<i>8</i>	
1099-R if tax	10	Taxable refunds, credits, or offset	s of state and local inco	ome taxes		,			
was withheld.	11	Alimony received							
If you did not	12	Business income or (loss). Attach					F 3 4		
get a W-2,	13	Capital gain or (loss). Attach Schedule D if requ	ired. If not required, check here	•					<u>-3,000</u>
see page 20.	14	Other gains or (losses). Attach Fo	· · · · · · · · · · · · · · · · · · ·				14		
	15a	IRA distributions		<u>3,218</u> вт	axable am	ount	15b		3,218
	16a		16a	b T	axable am	ount	16b		LO,788
Enclose, but do	17	Rental real estate, royalties, partn	erships, S corporations	s, trusts, etc. Atta	ch Schedu	le E	17	2	23,013
not attach, any	18	Farm income or (loss). Attach Sch	nedule F	, , ,			18		
payment. Also, please use	19	Unemployment compensation					1 40		
Form 1040-V.	20a	Social security benefits	20a 2	<u>2,518</u> вт	axable am	ount	20b	, 1	<u>140,140</u>
	21	Other income. List type and amou	nt				21		
	22	Combine the amounts in the far ri	ght column for lines 7 t	hrough 21. This i	s your tot a	l income	▶ 22	ç	90,681
	23	Educator expenses			23				
Adjusted	24	Certain business expenses of res							
Gross		fee-basis government officials. At			24				
Income	25	Health savings account deduction	. Attach Form 8889		25				
moome	26	Moving expenses. Attach Form 39	•••		26				
	27	One-half of self-employment tax.	Attach Schedule SE		27				
	28	Self-employed SEP, SIMPLE, and			28				
	29	Self-employed health insurance d			29			8	
	30	Penalty on early withdrawal of sav	inos	· · · · · · · · · · · · · · · · · · ·	30				
	31a	Alimony paid b Recipient's SS		[] _	<u>1a</u>				
	32				32				
	33		7		33				
	34	Tuition and fees. Attach Form 891			34			8	
	35	Domestic production activities dec	1. OF		35			×	
	36	Add lines 23 through 31a and 32 through	- ,,,			· · · · · · · · · · · · · · · · · · ·	36		
	37	Subtract line 36 from line 22. This	is your adjusted gros	s income			> 37		90,681

X

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***************************************		VA E BRUNSTING	38 90,681
Tax and	38	Amount from line 37 (adjusted gross income)	36 50,003
Credits	39a	Check X You were born before January 2, 1946, Blind. Total boxes if: Spouse was born before January 2, 1946, Blind. Checked ▶ 39a	1
	ь	If your spouse itemizes on a separate return or you were a dual-status alien, check here 39b	Ħ I
	b 40	Itemized deductions (from Schedule A) or your standard deduction (see instructions)	40 7,100
	40 41	Subtract line 40 from line 38	ient Copy 83, 581
	41		42 3,650
	42		79 931
	44	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- Tax (see instr.). Check if any tax is from: a Form(s) 8814 b Form 4972	
	45	Alternative minimum tax (see instructions). Attach Form 6251	45
	46	Add lines 44 and 45	46 14,455
	47	Foreign tax credit. Attach Form 1116 if required 47	
	48	Credit for child and dependent care expenses. Attach Form 2441 48	
	49	Education credits from Form 8863, line 23	
	50	Retirement savings contributions credit. Attach Form 8880 50	
	51	Child tax credit (see instructions) 51	
	52	Residential energy credits. Attach Form 5695 52	
	53	Other credits from Form: a 3800 b 8801 c 53	
	54	Add lines 47 through 53. These are your total credits	54
	55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	55 14,455
	56	Self-employment tax. Attach Schedule SE	56
Other	57	Unreported social security and Medicare tax from Form: a 4137 b 8919	57
Taxes	58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58
	59	a Form(s) W-2, box 9 b Schedule H c Form 5405, line 16	59
	60	Add lines 55 through 59. This is your total tax	60 14,45
	61	Federal income tax withheld from Forms W-2 and 1099 61	
Payments	62	2010 estimated tax payments and amount applied from 2009 return 62 11, 360	0
	63	Making work pay credit. Attach Schedule M 63	
If you have a	64a	Earned income credit (EIC) 64a	
qualifying child, attach	b	Nontaxable combat pay election 64b	
Schedule EIC.	65	Additional child tax credit. Attach Form 8812 65	
L	[′] 66	American opportunity credit from Form 8863, line 14 66	_
	67	First-time homebuyer credit from Form 5405, line 10 67	_
	68	Amount paid with request for extension to file68	_
	69	Excess social security and tier 1 RRTA tax withheld69	_
	70	Credit for federal tax on fuels. Attach Form 4136	
	71	Credits from Form: a 2439 b 8839 c 8801 d 8885 71	
	72	Add lines 61, 62, 63, 64a, and 65 through 71. These are your total payments	72 11,360
Refund	73	If line 72 is more than line 60, subtract line 60 from line 72. This is the amount you overpaid	73 74a
	74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here	/48
Direct deposit? See	► b	Routing number Checking Savings	
instructions.	► a	Account number Amount of line 73 you want applied to your 2011 estimated tax ▶ 75	
Amount	75 76	Amount of line 73 you want applied to your 2011 estimated tax > [75] Amount you owe. Subtract line 72 from line 60. For details on how to pay, see instructions	76 3,09
Amount You Owe		Estimated tax penalty (see instructions)	
100 Owe	<u>. 77</u>	u want to allow another person to discuss this return with the IRS (see instructions)? X Yes. Comple	ete below. No
Third Part	У	Personal identification number (PIN)	
Designee	Designe name	▶ RICHARD K RIKKERS CPA Phone no.	▶ 712-722-3375
Sign	Under p	enalties of perjury. I declare that I have examined this return and accompanying schedules and statements, and to the be true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has	
Here	they are Your sig		Daytime phone number
Joint return?	, - 1 1.g	RETIRED	
See page 12. Keep a copy	Spouse'	s signature. If a joint return, both must sign. Date Spouse's occupation	
for your records.			
	Print/Type	preparer's name Preparer's signature Date	Check if PTIN
Paid	RICHARD	K RIKKERS CPA RICHARD K RIKKERS CPA 04/14/	11 self-employed P00144154
	Firm's name	► KROESE & KROESE P.C.	Firm's EIN > 42-127713
	Firm's addre:		Phone no.
-		SIOUX CENTER IA 51250-1824	712-722-3375

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Form 8879	IRS e-file Signature Authorization	l		OMB No. 1545-0074
Department of the Treasury Internal Revenue Service	2010			
Declaration Control Number (DCN) 00420512020261	Cli	ent	Сору
Taxpayer's name	V 00120012020201	Socia	al securit	y number
NELVA E	BRUNSTING			-4685
Spouse's name		Spou	ise's soc	ai security number
Part I Tax Retur	n Information — Tax Year Ending December 31, 2010 (Whole De	ollars Only	<u>/)</u>	
	(Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)		1	90,681
	ne 60; Form 1040A, line 37; Form 1040EZ, line 11)			14,455
	held (Form 1040, line 61; Form 1040A, line 38; Form 1040EZ, line 7) e 74a; Form 1040A, line 46a; Form 1040EZ, line 12a; Form 1040-SS, Part I, line 12a)		3	·····
	1040, line 76; Form 1040A, line 48; Form 1040EZ, line 12a, Form 1040-33; Farth, line 12a)		5	3,095
	Declaration and Signature Authorization (Be sure you get and k		by of y	
force and effect until I notify the U. Agent at 1-888-353-4537 no later of the electronic payment of taxes acknowledge that the personal ide Withdrawal Consent. Taxpayer's PIN: check one I X I authorize <u>KRO</u> as my signature on m	I request that the IRS send me a personal identification number (PIN) to access EFTPS. This authors S. Treasury Financial Agent to terminate the authorization. To revoke a payment, I must contact the than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions to receive confidential information necessary to answer inquiries and resolve issues related to the p ntification number (PIN) below is my signature for my electronic income tax return and, if applicable, box only <u>ESE & KROESE P.C.</u> to enter or gene ty tax year 2010 electronically filed income tax return. my signature on my tax year 2010 electronically filed income tax return. Check this bo	U.S. Treasung involved in th ayment. I furth my Electronic	/ Financia e process er Funds [2] Enter five do not er	l
entering your own PII	N and your return is filed using the Practitioner PIN method. The ERO must complete I	Part III below		1
Spouse's PIN: check one bo	ox only			
I authorize	to enter or gene	arate my PIN		
	ERO firm name	-		numbers, but
I will enter my PIN as	ny tax year 2010 electronically filed income tax return. my signature on my tax year 2010 electronically filed income tax return. Check this bo N and your return is filed using the Practitioner PIN method. The ERO must complete I	x only if you	are	ter all zeros
Spouse's signature 🕨	Date	•		
	Practitioner PIN Method Returns Only—continue	below		
Part III Certificat	ion and Authentication — Practitioner PIN Method Only			<u></u>
ERO's EFIN/PIN. Enter your	six-digit EFIN followed by your five-digit self-selected PIN. 420512 do not enter a			
the taxpayer(s) indicated abor	ic entry is my PIN, which is my signature for the tax year 2010 electronically filed incomve. I confirm that I am submitting this return in accordance with the requirements of the 5 , Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.			
ERO's signature ►RICI	HARD K RIKKERS CPA Date ►	04/14	/11	
	ERO Must Retain This Form — See Instructions Do Not Submit This Form to the IRS Unless Requested To	Do So		

For Paperwork Reduction Act Notice, see your tax return instructions. DAA

BRUNSTING003543

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SCHEDULE	в	

Interest	and	Ordinary	y Dividends
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OMB No. 1545-0074

(Form 1040A	n 1040A or 1040)					
Department of th Internal Revenue		Attachr Sequer	nce No. 08			
Name(s) shown of				You	r social secu	rity number
NELVA	E]	BRUNS	TING		1-30-4	
Part I	1	List nan	ne of payer. If any interest is from a seller-financed mortgage and the C	lient	Copy	lount
		buyer u	sed the property as a personal residence, see instructions on back and list			
Interest		this inte	rest first. Also, show that buyer's social security number and address >			
		EDWA	ARD JONES			692
			ARD JONES			827
(See instructions		BANK	C OF AMERICA	·		4,596
on back and the			C OF AMERICA	'		9,722
instructions for				·		
Form 1040A, or				1		
Form 1040,			······	·		,
line 8a.)		• • • • • • •	•••••••••••••••••••••••••••••••••••••••	·		
Note. If you				,		
received a Form				·		
1099-INT, Form			•••••••••••••••••••••••••••••••••••••••	•		
1099-OID, or substitute		• • • • • • • •		·		
statement from						
a brokerage firm						
list the firm's						15,837
name as the payer and enter	2		amounts on line 1	. 2		13,037
the total interest	3		ble interest on series EE and I U.S. savings bonds issued after 1989.			
shown on that			Form 8815	. 3		
form.	4	Subtrac	t line 3 from line 2. Enter the result here and on Form 1040A, or Form			3 F 000
		1040, lii		• 4		15,837
	Note		is over \$1,500, you must complete Part III.		An	nount
Part II	5		ne of payer 🕨			
			VRON CORPORATION			4,002
			ARD JONES			1,340
Ordinary		METI	,			70
Dividend	S	EXXC	ON MOBILE			6,830
		EDWA	ARD JONES			14
(See instructions	i	EDW	ARD JONES			2,179
on back and the			RE & COMPANY			11
instructions for Form 1040A, or		ELME	R H BRUNSTING DECEDENTS TR DTD 27-6453100	. 5		7,239
Form 1040A, 01				. 5		
line 9a.)						
-		• • • • • • • •				
Note. If you						
received a Form 1099-DIV or		,				
substitute						
statement from						
a brokerage firm list the firm's	,					
name as the		• • • • • • •	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	·		
payer and enter				·		
the ordinary	6	Add the	amounts on line 5. Enter the total here and on Form 1040A, or Form	-		
dividends shown on that form.	v	1040, li		6		21,685
	Note		is over \$1,500, you must complete Part III.		<u> </u>	······
Part III			plete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a			
			nt; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.			Yes No
Foreign			ime during 2010, did you have an interest in or a signature or other authority over a financial			
Account	5		t in a foreign country, such as a bank account, securities account, or other financial account?			
and Trus	te		tructions on back for exceptions and filing requirements for Form TD F 90-22.1		ſ	X
	is b		'enter the name of the foreign country			
(See instructions on	8		2010, did you receive a distribution from, or were you the grantor of, or transferor to, a			
back.)			trust? If "Yes," you may have to file Form 3520. See instructions on back			X
	k Po			dule B (Form 1040A	or 1040) 2010
					•	•

BRUNSTING003545

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SCHEDULE D (Form 1040)

Capital Gains and Losses

Use Schedule D-1 to list additional transactions for lines 1 and 8.

See Instructions for Schedule D (Form 1040).

Your social security number

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OMB No. 1545-0074

12

Attachment Sequence No

Department of the Treasury Internal Revenue Service (99)

Name(s) shown on return

NELVA E BRUNSTING

Part I Short-Term Capital Gains and Losses – Assets Held One Year or Less

Attach to Form 1040 or Form 1040NR.

	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date s (Mo., day,		(d) Sales price (see page D-7 of the instructions)	(e) Cost or other basis (see page D-7 of the instructions)	5	(f) Gain or (loss) Subtract (e) from (d)
1	EATON VANCE TAX MA	NAGED 10/28/09	03/09	/10	77	3 7	18	55
	FRANKLIN FED TAX F	REE INCM VARIOUS	ADV 03/09	/10	40	9 4	<u>09</u>	
	HARTFORD DIVIDEND	& GROWTH VARIOUS	03/09	/10	11	4 1	<u>05</u>	9
	PERKINS MID CAP VA	LUE FD CL 10/28/09		/10	9	2 .	<u>83</u>	9
2	Enter your short-term totals, if any, fro			2	4,50	3		487
3	Total short-term sales price amour 2 in column (d)	ts. Add lines 1 and	I	3	5,89	1		
4	Short-term gain from Form 6252 and					<i>, ,</i>	4	
5	Net short-term gain or (loss) from par Schedule(s) K-1	5	· · · · · · · · · · · · · · · · · · ·					
6	Short-term capital loss carryover. Ent Carryover Worksheet on page D-7 c		6	()				
7	Not chart form canital gain or floce) Combine lines 1	through 6 in	colum	n (f)		7	560

Part II Long-Term Capital Gains and Losses – Assets Held More Than One Year

(a) Description of property (Example: 100 sh. XYZ Co.)		(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price (see page D-7 of the instructions)	(e) Cost or other basis (see page D-7 of the instructions)	(f) Gain or (loss) Subtract (e) from (d)
8	DEERE & CO		10/10/10	11 000	0.010	0 401
		VARIOUS	10/13/10	11,099	8,618	2,481
	DEERE & CO	VARIOUS	12/30/10	9,869	6,952	2,917
		VARIOUS	12/30/10	<u> </u>	0,932	2, 517
	GA POWER CO	VARIOUS	11/17/10	10,055	10,055	
<u> </u>						
9	Enter your long-term totals, if any, line 9		9			
10	Total long-term sales price amo 9 in column (d)	unts. Add lines 8 and		31,023		
11	Gain from Form 4797, Part I; long- (loss) from Forms 4684, 6781, and	term gain from Forms	2439 and 6252; ar	nd long-term gain or		
12	Net long-term gain or (loss) from p Schedule(s) K-1					
13	Capital gain distributions. See page	e D-2 of the instruction	ns		13	
14	Long-term capital loss carryover. E	Inter the amount, if an				
	Carryover Worksheet on page D-				14	(32,484
15	Net long-term capital gain or (lo	ss). Combine lines 8 t	hrough 14 in colum	in (f). Then go to Part III		-27,086
	on the back Paperwork Reduction Act Notice,	***************************************				edule D (Form 1040) 2010

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NELVA E BRUNSTING

Schedule D (Form 1040) 2010

Part III Summary

			·····
16	Combine lines 7 and 15 and enter the result	Client	Copy -26, 526
	 If line 16 is a gain, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below. 		
	 If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. 		
	 If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22. 		
17	Are lines 15 and 16 both gains?		
	Yes. Go to line 18.		
	No. Skip lines 18 through 21, and go to line 22.		
18	Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet on page D-8 of the	b	
	instructions	▶ <u>18</u>	
19	Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet on page		
	D-9 of the instructions	▶ 19	
20	Are lines 18 and 19 both zero or blank?		
	Yes. Complete Form 1040 through line 43, or Form 1040NR through line 41. Then complete the Qualified Dividends and Capital Gain Tax Worksheet in the Instructions for Form 1040, line 44 (or in the Instructions for Form 1040NR, line 42). Do not complete lines 21 and 22 below.		
	No. Complete Form 1040 through line 43, or Form 1040NR through line 41. Then complete the Schedule D Tax Worksheet on page D-10 of the instructions. Do not complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of:		
	 The loss on line 16 or (\$3,000), or if married filing separately, (\$1,500) 	21	(<u> </u>
	Note. When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?		
	X Yes. Complete Form 1040 through line 43, or Form 1040NR through line 41. Then complete the Qualified Dividends and Capital Gain Tax Worksheet in the Instructions for Form 1040, line 44		
	(or in the Instructions for Form 1040NR, line 42).		
	No. Complete the rest of Form 1040 or Form 1040NR.		
		Sch	edule D (Form 1040) 2010

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SCHEDULE D-1 (Form 1040)

Continuation Sheet for Schedule D (Form 1040)

See instructions for Schedule D (Form 1040).

Attach to Schedule D to list additional transactions for lines 1 and 8.

OMB No. 1545-0074 2010 Attachment Sequence No. 12A

Your social security number

Client Copy

Department of the Treasury Internal Revenue Service (99)

Name(s) shown on return

NELVA E BRUNSTING

Part I Short-Term Capital Gains and Losses—Assets Held One Year or Less

1 MUTUAL GLOBAL DISCOVERY FD VARIOUS 03/09/10 596 568 28 NEUBERGER&BRM MIDCAP GRW INSTL 10/28/09 03/09/10 212 184 28 NEUBERGER&BRM MIDCAP GRW INSTL 10/28/09 03/09/10 212 184 28 NEUBERGER&BRM MIDCAP GRW INSTL 10/28/09 03/09/10 2,253 1,953 300 PIONEER CULLEN VALUE FUND CI 10	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price (see page D-7 of the instructions)	7 of the (see page D-7 of the Subtract (a) from (c	
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21 Total expenses. Add lines 19 and 20 21 1,000 22 Income or (loss) from rental real estate or royalty properties. Subtract line 21 from line 3 (rents) or line 4 (royalties). If the result is a (loss), see page E-6 to find out if you must file Form 6198 2 -1,000 23 Deductible rental real estate loss. Caution. Your rental real estate loss on line 22 may be limited. See page E-6 to find out if you must file Form 8582. Real estate professionals must complete line 43 on page 2 23 1,000x x 24 Income. Add positive amounts shown on line 22. Do not include any losses 24 0 25 1,000y 25 Total expenses. Add royalty losses from line 22 and rental real estate loss. Combine lines 24 and 25. Enter total losses here form 1040, line 18. Otherwise, include this amount in the total on line 41 on page 2 26 1,000 26 Total expenses. Convertise, see your tax return instructions. 26 -1,000	20			20					20			
 22 Income or (loss) from rental real estate or royalty properties. Subtract line 21 from line 3 (rents) or line 4 (royalties). If the result is a (loss), see page E-6 to find out if you must file Form 6198	21				1,000							
estate or royalty properties. Subtract line 21 from line 3 (rents) or line 4 (royalties). If the result is a (loss), see page E-6 to find out if you must file Form 6198		· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·							
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or line 4 (royalties). If the result is a (loss), see page E-6 to find out if you must file Form 6198 23 Deductible rental real estate loss. Caution. Your rental real estate loss on line 22 may be limited. See page E-6 to find out if you must file Form 8582. Real estate professionals must complete line 43 on page 2 24 Income. Add positive amounts shown on line 22. Do not include any losses			rents)									
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E-6 to find out if you must file Form 8582. Real estate professionals must complete line 43 on page 2 24 24 25 Losses. Add royalty losses from line 22. Do not include any losses 26 27 28 29 29 29 29 29 20 20 21 22 23 24 0 25 26 27 28 29 29 20 20 21 22 23 24 24 25 26 27 28 29 20 20 21 22 23 24 25 26 27 28 29												
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25 Income: Add positive amounts shown on mile 22. Do not include any losses 25 Losses. Add royalty losses from line 22 and rental real estate losses from line 23. Enter total losses here 26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or For Paperwork Reduction Act Notice, see your tax return instructions.			2L	23 (1,000		<u> </u>					~
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2 For Paperwork Reduction Act Notice, see your tax return instructions. BRUNS\$INCOUSE\$Ecord		•			•			• • • • • • • • • • • • • • • • • • • •			1	<u>000</u>
Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2		Total rental real estate and	l royalty in	come or	(loss). Combine lines 24 a	nd 25. Enter the res	ult here. If	· · · · · · · · · · · · · · · · · · ·	20		<u> </u>	000)
For Paperwork Reduction Act Notice, see your tax return instructions. BRUNS91NG008550 rm 1040) 2010		Parts II III IV and line 40 or	n náge 2 do	not appl	v to you, also enter this am	ount on Form 1040.	line 17. or					
		Paperwork Reduction Act Not	tice, see you	ur tax retu	urn instructions.			B	RUNS	C00855201	m 104	0) 2010

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Sch	nedule E (Form 1040) 2010 Attachment Seque						uence No. 13			Page 2	
Nam	ame(s) shown on return. Do not enter name and social security number if shown on other side. Your so						social security number				
*******	ELVA E BRUNSTING						481-	30-	-4685		
	tion. The IRS compares amounts reported	ed on your tax return with an	ounts shown on Sch	edule(s) K	(-1.			-+			
₿.	art II Income or Loss From	Partnerships and S	Corporations	Note. If yo	ou report a	loss fr	ontail	ist ac	livitopy	lich	
	any amount is not at risk, yo	ou must check the box in col	umn (e) on line 28 ar	no attach r	-orm 6198	5. See	page E-Z.				
	Are you reporting any loss not allowed in						ſ	า	57		
	unallowed loss from a passive activity (if						L] Yes	s 🖾 N	lo	
	partnership expenses? If you answered "	Yes," see page E-7 before c	ompleting this section	F			T				
28		(a) Name		(b) Enter I partnershi	Pfor (C)C p:S for	heck if reign		mploye ificatio	n i	(e) Che any amo	ick if ount is
		(u)		for S corpor	ration partn	nership	nu	Imber		not at	risk T
<u>A</u>							<u> </u>				
В											
C] 										
D	Į					<u> </u>	<u> </u>		l		<u> </u>
	Passive Income and	Loss			1		me and Lo				
	(f) Passive loss allowed	(g) Passive income from Schedule K-1	(h) Nonpassiv from Schedul		1		79 expense 1 Form 456	,	(j) Nonp	bassive chedul	
	(attach Form 8582 if required)	from Schedule K-1	itom Scheuu	10 N-1	deduci		11 0111 430		nom o	cheuu	¢ N-1
<u>A</u>											
B											
<u>C</u>							· · · ·				
D		8			1						
29a	Totals				T						
b					J		1	20			
30						•••••	· · · · <i>·</i> · · · · · · · · · · · · · ·	30 31 (
31	Add columns (f), (h), and (i) of line 29b	· · · · · · · · · · · · · · · · · · ·				• • • • • • •	····· ┣=	31			
32	Total partnership and S corporation		elines 30 and 31. Ent	erne				32			
	result here and include in the total on I art III Income or Loss From	متسترجع المعتد ماست المسترجع فبمرتب بالمسترج بالمسترج بالمسترج والمسترج والمسترجع المسترج فالمسترج المسترج	<u></u>		<u></u>	<u>Lainiminini</u> mi		32			******
<u></u>	ant me meome of Loss From	Estates and musis					1		(h) Emr	hinver	
33		(a) Name						(b) Employer identification number			
A	ELMER H B	RUNSTING DECED	ENTS TR DI					27-6453100			
<u>а</u> В		NORDI ING DIOLID							<u>.,</u>	<u> </u>	
<u> </u>	Passive Incom	e and Loss	I		Non	passiv	e Income	and L	.055		
	(c) Passive deduction or loss allowed	(d) Passive inco	me	(e) [Deduction of		T	(f) Other income from			
	(attach Form 8582 if required)	from Schedule		from Schedule K-1				Schedule K-1			
A	C)	24,013	***#							
B			,								
34a	Totals		24,013								
b											
35	Add columns (d) and (f) of line 34a							35		24	,013
36	Add columns (c) and (e) of line 34b						É	36 (0)
37	Total estate and trust income or (los										
	include in the total on line 41 below							37		24	,013
P	art IV Income or Loss From	n Real Estate Mortga			s (REMI	Cs)–	-Residu	al Ho	older		
38	(a) Name	(b) Employer	(c) Excess inclusion fr Schedules Q, line 2	1 1	l) Taxable ii				(e) Incom		
30 	(a) Name	identification number	(see page E-8)	f	rom Sched	ules Q,	line 1b		Schedules	Q, line	3b
				<u> </u>							
<u>39</u>	Combine columns (d) and (e) only. Ent	er the result here and includ	e in the total on line 4	41 below			<u></u>	39	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
<u></u> P	art V Summary										
40	Net farm rental income or (loss) from F			<i></i>				40			
		32, 37, 39, & 40, Enter the result	t here & on Form 1040, I	line 17, or F	orm 1040N	R, line 1	18 🕨	41		23	3,013
41	Total income or (loss). Combine lines 26,										
41 42	Reconciliation of farming and fishin	g income. Enter your gross	i								
	Reconciliation of farming and fishin farming and fishing income reported or	g income. Enter your gross 1 Form 4835, line 7; Schedul	e								
	Reconciliation of farming and fishin farming and fishing income reported or K-1 (Form 1065), box 14, code B; Sche	g income. Enter your gross n Form 4835, line 7; Schedul edule K-1 (Form 1120S), box	i le < 17,								
42	Reconciliation of farming and fishin farming and fishing income reported or K-1 (Form 1065), box 14, code B; Sche code U; and Schedule K-1 (Form 1041	g income. Enter your gross n Form 4835, line 7; Schedul edule K-1 (Form 1120S), boo), line 14, code F (see page	; /e < 17, E-8)	42							
	Reconciliation of farming and fishin farming and fishing income reported or K-1 (Form 1065), box 14, code B; Sche code U; and Schedule K-1 (Form 1041 Reconciliation for real estate profes	g income. Enter your gross n Form 4835, line 7; Schedul edule K-1 (Form 1120S), box), line 14, code F (see page sionals. If you were a real e	e k 17, E-8) state	42							
42	Reconciliation of farming and fishin farming and fishing income reported or K-1 (Form 1065), box 14, code B; Sche code U; and Schedule K-1 (Form 1041	g income. Enter your gross n Form 4835, line 7; Schedul edule K-1 (Form 1120S), boo), line 14, code F (see page sionals. If you were a real e net income or (loss) you rep NR from all rental real estate	e k 17, E-8) state orted e activíties								

BRU**ରର୍ଚ୍ଚାଳିଶ୍ୟାରିଡ଼ିଏକ୍ଟି (F**órm 1040) 2010

BRUNSTING003555
000065 BRUNSTING, NELVA E 481-30-4685

Federal Statements

Form 1040, Line 8b - Tax-exempt Interest					
Payer	Amount Copy				
ELMER H BRUNSTING DECEDENTS TR DTD EDWARD JONES EDWARD JONES EDWARD JONES	\$ 2,070 2,769 413 391				
TOTAL	\$ 5,643				

Form 1040, Dividend Income						
Payer		Ordinary Dividends	_	Qualified Dividends		
ELMER H BRUNSTING DECEDENTS TR DTD CHEVRON CORPORATION EDWARD JONES METLIFE EXXON MOBILE EDWARD JONES EDWARD JONES DEERE & COMPANY	\$	7,239 4,002 1,340 70 6,830 14 2,179 11	Ş	2,85 4,00 1,07 6,83 1 2,17		

TOTAL

BRUNSTING003556

2,857

4,002

1,073

6,830

2,179

17,035

21,685

\$

\$_

70

13

11

Form **1040**

Carryover Report

2010

Na

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ame NELVA E BRUNSTING				Taxpayer Identification Number
Carryover Item	Available to 2010	2010 Amo	unts	lient Copy Carryover to 2011
Excess section 179 Minimum tax credit Investment interest Investment interest - AMT Short-term capital loss Short-term capital loss - AMT Long-term capital loss - AMT Residential energy efficient property D.C. first-time homebuyer credit Tax credit bonds	<u>32,484</u> 32,484	UTILIZED UTILIZED	<u>-8,958</u> <u>-8,958</u>	<u>23, 526</u> 23, 526

Nonrecaptured Se	ction 1231 Losses - Line 8, Form 4797	AMT Nonrecaptured Section 1231 Losses - Line 8, Form 479			
2005 Amounts		2005 Amounts		······	
2006 Amounts		2006 Amounts	<u></u>		
2007 Amounts	· · ·	2007 Amounts			
2008 Amounts		2008 Amounts	· · · · · · · · · · · · · · · · · · ·		
2009 Amounts		2009 Amounts			
Available to 2010		Available to 2010			
2010 Amounts		2010 Amounts			
Carryover to 2011		Carryover to 2011			

ı

STEP 1: Fill in all spaces.	ou MUST fill in your Social Security Number
Your last name	Your first name/middle initial

B	RU	NS'	TING NELVA E				Fill in all information below.						
Spouse'							Check this box if you or your spouse were				e		
Current	maili	ing a	address (number and street, apartment, lot, or suite number) or PO Box				x	Total Constal				umber •	
		-) PINEROCK LN				481-30-4685 Residence on 12/31/10						
	State, ZIP								on 12/31/10 School District N	io. •			
HO	<u>US</u> '	<u>TO</u>]	N		<u>TX 77079-59</u>	14			C	0	0000		
STEP :	2 Fil	ing	Status: Mar	k one box o	only.						ver these question		Oto
1 2	X	Single:	Were you claime	ed as a depende	nt on another person's lowa return?	YES	X NO 🔺				an exemption is c overage?	almed in	ътер 3
2	M	Marrie	ed filing a joint	i return. (Two-	income families may benefit by us	ing stal	tus 3 or 4.)		r many have healt uding Medicaid or hav			<u></u>	· [
3					d return. Spouse use column B.			Hov	/ many do not nav	e neaith	care coverage?		•
4	A S	Marrie	ed filing separa se's name:	ate returns.			SSN:			▲	Income: \$		
5	ŀ	lead	of household	with qualifying	person. If qualifying person is not	claime	d as a dependent on th	iis return, e	nter the person's	name ar	nd Social Security	Number b	elow.
6		Qual	ifying widow		endent child. Name:					SSN:			
STEP 3	3	ſ	YOU	a. Perso	nal Credit: Enter 1. (Enter 2 if filir	ıg joint	or head of household.)			▲	<u>1</u> ×\$ <u>40</u>	= \$	40
Exemp	otion	ns (and spouse if filing jointly)		for each person who is 65 or old							= \$	20
		L		c. Depen	dents: Enter 1 for each depender	nt				A		= \$	
					rst names of dependents here:							<u> </u> \$ <u> </u>	<u> 60 </u>
					nal Credit: Enter 1.							= \$	
		r			if 65 or older and/or 1 if blind.								
			SPOUSE (If filing		dents: Enter 1 for each depender	nt				ـــــ			
			status 3)	d. Enter f	rst names of dependents here:						e. TOTA		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
							B. Spouse/Status 3		You or Joint	B . S	Spouse/Status 3	A. Yo	ou or Joint
STEP 4	4	1.	Wages, sala	ries, tips, etc.	, , , , , , , , , , , , , , , , , , , ,	1.			7 1 60				
Gross					than \$1,500, complete Sch. B.	2.		<u> </u>	7,162				
Incom	e				re than \$1,500, complete Sch. B.								
							······						
		5.		• •	m federal Schedule C or C-EZ				2 000				
		6.			Sch. D if required for federal purposes				-3,000				
		7.			ederal form 4797		*****		3,218				
		8.	Taxable IRA	distributions		8.							
		9.	Taxable pen	sions and ann	uities	9. 40			00 010				
		10.			ips, estates, etc.								
		11.			ederal Schedule F								
					tion. See instructions.			· ······	5,067				
					nefits		<u></u>						
		14.		COME. ADD I	, bonus depreciation/sec. 179 adjustmen	L 14.			15.				67,933
STE	:P 5	_			h, or SEP	 16	<u></u>					<u> </u>	01/000
		17	One-balf of s	elf.emniovme	nt tax								
↓ Adji		18	Health insur	ance deductio	n	18							
to	าเร	19	Penalty on e	arly withdrawa	l of savings	19.							
Inco	ome		Alimony paid		······································								
					exclusion	21.			6,000				
her					from federal form 3903		****						
her													
ono			Other adjust		· · · · · · · · · · · · · · · · · · ·								
2 문			•		es 16-24.						▲		7,158
t, ar		26.			T line 25 from line 15.				26.				60,775
payment, and voucher here. P A B A B A B A B A B A B A B A B A B A	P 6	27.	Federal inco	me tax refund	/ overpayment received in 2010	27.			577				
Fed	eral	28.	Self-employr	nent/househo	d employment taxes								
က္တံ Tax		29.	Addition for I	federal taxes.	ADD lines 27 and 28.				29.				577
	litio	n _{30.}	Total. ADD II	ines 26 and 29). 				30.				61,352
and Ded			Federal tax v			31.							
ស៊ី tion		32.	Federal estir		nents made in 2010	32.			11,500				
					in 2010 for 2009 and prior years								
1													11,500
		35.	BALANCE.	SUBTRACT I	ne 34 from line 30. Enter here and	l on line	e 36, side 2.	, , .	35,		BRUNSTING0		
CS							ng.Financials000				41-(001a (07/	23/10) L10

000065		NET TTO T						481-30-4685
2040 14	10	NELVA E 1)40, page 2	BRUNSTING		B. Spouse/Status 3	A. You or Joint	B. Spouse/Status 3	
		· · · ·	- 07				•	40 000
STEP 7	36.	BALANCE. From side 1, line 37. Total itemized deductions fr	e 35 rom federal Schedule A					
Taxable				, Q1,			- Complete li	nes 37-40
Income		39. BALANCE. Subtract line 38	eciation/sec. 179 must use lowa Sch. A in line 5 of federal Schedule A 3 from line 37 or enter the ons from the lowa Schedule A	30,		5,738		
		amount of itemized deduction	ons from the Iowa Schedule A.	39,			- Llient C	
		40. Other deductions	X Itemized, Add lines 39 a	40				
						41.		5,738
			TRACT line 41 from line 36.			42.		44,114
STEP 8	43.		e tax			▲ <u> </u>		
	44.		federal tax from form 4972				_	
Tax,			A 6251.				-	0 100
Credits and			, and 45.				Lawrence	2,466
Checkoff			unt(s) from Step 3, side 1				•	
Contribu-	48.	Tuition and textbook credit	for dependents K-12	48		A	-	
tions	49.	Total credits. ADD lines 47	and 48.			49.		60
	50.		e 49 from line 46. If less than zer				(2,406
	51.	Credit for nonresident or pa	art-year resident. Attach IA 126 a	nd federa	il return.	51.	<u></u>	
	52.	BALANCE, SUBTRACT line	e 51 from 50. If less than or equa	l to zero,	enter zero.	52.	C) 907
	53.	Other nonrefundable lowa c	credits. Attach IA 148 Tax Credits	s Schedu	le.	53,		
	54.	BALANCE. SUBTRACT line	e 53 from line 52.			54.	<u></u>	907
	55.	School district surtax/EMS	surtax. Take percentage from tal	ble; multir	ply by line 54.	55.	(0
	56.		d 55.					▲ 907
	57.	Total tax before contribution	ns. ADD columns A & B on line 5 s will reduce your refund or add t	6 and en	ter here.		57.	907
	58.	Contributions. Contributions Fish/Wildlife	s will reduce your refund or add t State Fair	o the amo	ount you owe. Amounts	must be in whole dollars. Child Abuse Preve	ntion	
	6					58d: ▲	Enter	
			RIBUTIONS. ADD lines 57 and 5					907
		lowa income tax withheld						
STEP 9		•	ments made for tax year 2010	61.		1,320	- 	
			ch IA 130.			A	•••	
Credits			1A 4136.				-	
orcano			nd dependent care credit OR			A	-	
	04.	provinent,	hildhood development credit	64		A		
	65.		edit. See Instructions.			••••••••••••••••••••••••••••••••••••••		
			IA 148 Tax Credits Schedule.		······································		~	
							- 68.	1,320
0750 40	********	***************************************	blumns A and B on line 67 and e	,				81 7
STEP 10			59, SUBTRACT line 59 from line	58, I NIS I				
Refund	70,	Amount of line 69 to be RE	FUNDED ne Tax - Refund Processing,	Hoover	State Office Bldg. De	e Mainee 14 50319-012	REFUND 70.	▲ <u>∨</u>
or Amount			-					
You Owe	71.	Amount of line 69 to be applied	to your 2011 estimated tax			413	-	
), SUBTRACT line 68 from line 5					A
			of estimated tax from IA 2210 or			innualized income method		A
	74,	Penalty and interest.	74a, Penalty		▲ 74b. Interest	A	ADD Enter total 74.	
	75,	TOTAL AMOUNT DUE. A Flectronically pay by cre	DD lines 72, 73, and 74, and ent	er here.	tate.ia.us/tax/	ΡΑ	Y THIS AMOUNT 75.	A
		To pay by mail: Iowa Inc.	ome Tax - Document Process	sing, PO	Box 9187, Des Moin	es IA 50306-9187. Make	check payable to Tre	easurer, State of Iowa.
			neckoff does not increase the	STE	P 12			
a	mou	nt of tax you owe or decrease SPOUSE A YO	e your refund. PURSELF		r year,			
\$1.50 to D	- nubi		\$1.50 to Republican Party		d you like to receive a b n is not available to elec		Mailing Addr	
\$1.50 to R				option	0.	Yes	See lines 70 a	and 75 above.
\$1.50 to De			\$1.50 to Democratic Party		۰. ۱	No		
\$1.50 to C	ampa	- i	\$1.50 to Campaign Fund		1. [ł		ab adulaa
STEP 13			e undersigned, declare under per nents, and, to the best of my (ou					
 Verify yo 	our S	SN(s) (other than	n taxpayer) is based on all inform		which the preparer has	any knowledge.		
 Rechect 						K RIKKERS (JPA	04/14/11
Attach a	W-3	2s			Preparer's Signature			Date
						KROESE P.C.		
Your Signa	ture			Date		MAIN AVENU		1001
·					SIOUX CEN	ITER	IA 51250-	-1824
Spouse's S	Signa	ture		Date	Address			
					<u>712-722-3</u>			42-1277139
Daytime To CS	eleph	one Number	AAE	his re Brunstii	Daytime Telephone N turn is due May ng.Financials0000	umber / 2, 2011.)79	BRUNSTIK	enii 699500 Number 41-001b (07/19/10)

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lowa Department of Revenue www.state.ia.us/tax

2010 IA 8453-IND

Iowa Individual Income Tax Declaration for an E-File Return

See	Instructions
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NELVA I	, middle initial E	Last name BRUNSTING			ocial Security Numbe	er	Cilem	t Copy
	ame, middle initial	Last name			e Social Security Nun	nber	t	
	(number and street) or PC			I				
<u>.3630 1</u>	PINEROCK LN	<u> </u>						
ty, state, and . IOUSTOI		TX 77079-	-5914					
		ation - Tax year ending			B. Spouse (filing status 3	5)	Α	A. You or Joint
1. Iowa Ne	et Income (IA 1040, lir	ne 26 A & B)		1B	-		1A	60,77
2. Total Ta	ax (IA 1040, line 46 A	& B)		2B		[	2A	2,46
3. Iowa In	icome Tax Withheld (I	& B) A 1040, line 60 A & B)		ЗВ		[	3A	
4. Amount	it to be Refunded (IA 1	040, line 70)					4	
5. Total A	mount Due (IA 1040, I	line 75)		,			5	
Part II C	Declaration of Tax	payer (Be sure to keep	a copy of y	your return)				
	*	id be directly deposited as o	•		a joint return, this	is an		
		nt of the other spouse as ar	-		m Ling "			
		posit of my refund or I am n	ot receiving a	retund. Go to "Sig	µn mere."			
	of Financial Institution		That-	t two numbers of the	PTN must be 01 the	wah 10 ~	r 21 through 20	>
-	g Transit Number (RTI tor Account Number (I		ine firs	i avo nampers or me		vayıı 1∠ 0	i a i un ougu 32	••
-	f Depositor Account:		hecking					
	•	ount outside the United State		Yes No				
	*	and bacade the onned otal	GQ 1					
Under penalti with the amou return is true, Service (IRS) not receive fu	unts shown on the corres , correct, and complete. I ) by my ERO and retrieve all and timely payment of u	at the information I have provide ponding lines of the electronic p consent that my return, includin d by the Iowa Department of Re my tax liability I will remain liable	ed to my Electro ortion of my low g any accompa evenue (IDR). If a for the tax liab	onic Return Originato va income tax return. nying schedules and I have filed a balance lilty and all applicable	To the best of my kn statements, be sent t due return, I unders penalties and interes	owledge a to the Inte stand that st. 1 conse	and belief my rnal Revenue if the IDR does ent that my	
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### **Iowa Itemized Deductions**

Namo(e) as show	un ^*	page 1 of the IA 1040		<u><u> </u></u>	n <del>t C</del>	<u>207</u>
NELVA E			1		-30-4	
		eral bonus depreciation/section 179, please see the 2010 Expanded Instruction	is on our Web site.			.000
Medical and	İ	Do not include health insurance premiums deducted on IA 1040, lir	ne 18.			*****
Dental	1.	Medical and dental expenses		2,133		
Expenses	2.	Multiply the amount on federal form 1040*, line 38 as adjusted for disallowance of bonus				
•		depreciation/section 179, from line 14 of the IA 1040 by 7.5% (.075). Enter result here.	2.	6,801		
	3.	Subtract line 2 from line 1. If less than zero, enter zero.			3.	0
Taxes You	4.	Other state and local income taxes, DO NOT INCLUDE IOWA STATE INCOME TAX. Include School District Surtax and EMS Surtax paid in 2010.	4.			
Paid	5.		5.	1 000		
Faiu	6.	Personal property taxes, including annual vehicle registration DO NOT INCLUDE new motor vehicle taxes deducted on federal Schedule A, line 7.	e			
	<b>_</b>		0.	<u> </u>		
	7.	Other taxes. List the type and amount. FOREIGN TAXES - 1041-GT	7	90		
	8.	Add amounts on lines 4, 5, 6, and 7. Enter the total here.			8	1,443
Interest	9a	Home mortgage interest and points reported on federal form 1098				
You	9b	Home mortgage interest and points reported on federal form 1098				
Paid	10.	Points not reported on federal form 1098				
, ara	11.	Qualified mortgage insurance premiums				
	12.	Investment interest. Attach federal form 4952 if required.				
	13.	Add lines 9a-12. Enter total here.				
Gifts	14.	Contributions by cash or check.				
to	15.	Other than by cash or check. You must attach federal form 8283 if more than \$500.				
Charity	16. 17.					4,295
Conveiled hold hour	-	Add lines 14 through 16. Enter total here.				4,200
Casualty/Theft Loss Job Expenses	18. 19.	Casualty or theft loss(es). Attach federal form 4684. Unreimbursed employee expenses. Attach federal form 2106 or 2106-EZ if required.				
and	20.	Tax preparation fees				
Misc.	20.	Other expenses. List type and				
Deductions	21.		24			
Deductions		amount 2 Add the amounts on lines 19, 20, and 21. Enter the total here 2				
	22.	Add the amount of federal form 1040 ⁴ , line 38 as adjusted for disallowance of bonus				
	23.	depreciation/section 179, from line 14 of the IA 1040* by 2% (.02). Enter the result here.	23.			
	24.	Subtract line 23 from line 22. Enter the total. If less than zero, enter zero.				0
Other Misc.	25					
Deductions	20.	and amount.			25.	
		Add lines 3, 8, 13, 17, 18, 24, and 25, and enter the total here				5,738
Total	26.	Add lines 3, 8, 13, 17, 18, 24, and 25, and enter the total here		· · · · · · · · · · · · ·	26.	5,130
Itemized		If using filing statuses 1, 2, 5, or 6, enter the amount on Step 7, lin	na 20 aftha iA 10	40		
Deductions		in using thing statuses 1, 2, 5, or 6, enter the amount on Step 7, in	ne 39 of the IA TO	+0.		
Proration		Complete lines 27 through 31 ONLY if you are using filing status 3 or 4	. SPOUSI			YOU
of	27.	Enter the lowa net income of both spouses from IA 1040, line 26 27b.			27a	
Deductions	28.	Total lowa net income, add columns 27a and 27b. Enter the total here			28	
Between	29.	Divide the amount on line 27a by the amount on line 28. Enter the percentage	ge here.		29	%
Spouses	30.	Multiply line 26 by the percentage on line 29. Enter here and on IA 1040, line	39, column A	(YOU)	30	
	31.	Subtract line 30 from line 26. Enter here and on IA 1040, line 39, column B. I	If you are using			
		filing status 4, enter this amount on line 39, column A of your spouse's return	n	(SPOUSE)	31	

# lowa Department of Revenue www.state.ia.us/tax

# 2010 IA 1040 Schedule B

### Interest and Dividend Income

Social Security Number

Name(s)	) as showr	on page 1	of the I	A 1040
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name(s) as shown on page 1 of the IA 1040	
NELVA E BRUNSTING	
NOTE: You must report all taxable interest and dividends on IA 1040, e	ven if you are not required to complete Schedule B.

PART I: You must complete this part if you received more than \$1,500 in interest in 2010. Interest income which should be reported includes earnings from savings and loan associations, mutual savings banks, cooperative banks, credit unions, and bank deposits; state and municipal bonds (see instructions for IA 1040, line 2, Taxable Interest Income), and interest from tax refunds. Do not report interest from federal securities.
 INCOME For each payer, indicate the type of account. If the interest was earned by you, check the column labeled "Taxpayer." If the interest was earned by your spouse, check "Spouse." If the interest was earned jointly, check "Joint." Check only one for each payer.

Interest Income. List Names of All Payers.

	Check or	ne for each	n payer	AMOUNT
Name of Payer	Taxpayer	Spouse	Joint	AMOUNT
EDWARD JONES	X			692
EDWARD JONES	X			827
EDWARD JONES	X			2,769
EDWARD JONES	X			413
EDWARD JONES	X			391
TAX EXEMPT INTEREST INCOME	X			2,070
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· · · · · · · · · · · · · · · · · · ·				
· · · · · · · · · · · · · · · · · · ·				
Total Taxable Interest Income.				7,162
Add the amounts. Enter here and on IA 1040, line 2.				7,102

**PART II:** You must complete this part if you received more than \$1,500 in gross dividends in 2010. Deduct that portion of any net dividend from mutual funds that is attributable to federal securities.

**DIVIDEND For each payer, indicate the type of account. If the dividends were earned by you, check the column labeled** "Taxpayer." If the dividends were earned by your spouse, check "Spouse." If the dividends were earned jointly, check "Joint." Check only one for each payer.

Dividend Income. List Names of All Payers.

	Check on	e for each	payer	
Name of Payer	Taxpayer	Spouse	Joint	AMOUNT
CHEVRON CORPORATION	X			4,002
EDWARD JONES	X			1,340
METLIFE	X			70
EXXON MOBILE	X			6,830
EDWARD JONES	Х			14
EDWARD JONES	X			2,179
DEERE & COMPANY	Х			11
FROM BENEFICIARY'S SCHEDULE K-1	X			7,239
Total Taxable Dividend Income.				
Add the amounts. Enter here and on IA 1040, line 3.	. <u> </u>			21,685
				44 0045 (DEI24140

# 2010 IA 126

lowa	Nonresiden	tand	Part-year	Resident	Credit
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	Name(s) as shown on page 1 of the IA 1040 NELVA E BRUNSTING			al Security Number 11-COOV85
	MARK THE APPROPRIATE BOX FOR YOU AND YOUR SPOUSE YO	DU MI	UST FILE THIS FORM	И IF
	You are a nonresident of Iowa		u are a nonresident o m lowa sources, or	of lowa with income
	Veu are a part upon regident of lows		u are a part-year low	a resident
	You are a part-year resident of Iowa	- 10	u ale a part-year iow	arcoldent
	Date moved into Iowa:	A#0	ch this form and a co	ny of your fodoral
			n to your lowa return	
	Date moved out of Iowa:		-	income on the IA 126.
			may benefit by using	
	Your spouse is a part-year resident of Iowa	<b></b>		E INCOME
	Date moved into Iowa:		IOWA-SOURC	
	and/or	E	3. SPOUSE	A. YOU OR JOINT
	Date moved out of lowa:	F	iling Status 3 Only	
		·		
1.	Wages, salaries, tips, etc.	. 1.		
2.	Taxable interest income	. 2.	· · · · · · · · · · · · · · · · · · ·	
З.	Ordinary dividend income	. 3.		
4.	Alimony received	. 4.		· · · · · · · · · · · · · · · · · · ·
5.	Business income or (loss)	5.	· · · · · · · · · · · · · · · · · · ·	
6,	Capital gain or (loss)	6.		
7.	Other gains or (losses)	7.		
	Taxable IRA distributions			
	Taxable pensions and annuities	9.		
10	Rents, royalties, partnerships, estates, etc.	. 10.		22,924
11	Form income or (locs)	. 11		
17	Farm income or (loss)	. 12		
12.	Unemployment compensation	. 12		
10.	Taxable Social Security benefits.	, 10.		
14	Other income, gambling income, bonus depreciation/section 179			
	adjustment	•		A 22 024
	GROSS INCOME. ADD lines 1-14.			▲ 22,924
16.	Payments to an IRA, Keogh, or SEP while an Iowa resident	, 16.		· ·
17.	Deduction for self-employment tax	, 17.		
18.	Health insurance deduction	. 18.		
19.	Penalty on early withdrawal of savings	, 19.		· · · · ·
20.	Alimony paid	. 20.		
21.	Pension/retirement income exclusion	21.		
22.	Moving expense deduction into lowa only	. 22.	barrananan	
23.	Iowa capital gain deduction	23.		
	Other adjustments			
	Total adjustments. ADD lines 16-24.	25		
	IOWA NET INCOME. SUBTRACT line 25 from line 15.			22,924
27.	All-source net income from line 26, IA 1040	27.	······································	60,775
		•	100.0%	100.0%
28.	Iowa income percentage: Divide line 26 by line 27 and enter percentage rounded to			
	the nearest tenth of a percent. This can be no more than 100.0% and no less than 0.0%.	. 28.	%	<u>37.7</u> %
29.	Nonresident/part-year resident credit percentage:			
	Subtract the percentage on line 28 from 100.0%.	29.	%	
30.	Iowa tax on total income from line 43, IA 1040	30.		2,466
	Total credits from line 49, IA 1040		· · · · · · · · · · · · · · · · · · ·	60
	Tax after credits. Subtract line 31 from line 30.	. 32		2,406
33	Nonresident/part-year resident tax credit. Multiply line 32 by the percentage on line 29.	33		1,499
~v.		,		<u>ــــــــــــــــــــــــــــــــــــ</u>

ENTER THIS AMOUNT ON LINE 51 OF IA 1040 BRUNSTING003<del>\$1</del>6126 (05/24/10)

### lowa Department of Revenue

### www.state.ia.us/tax

	lowa Minimum Tax Cor	nputation
Name(s) as shown on IA 1040 or IA 1041:	SSN or FEIN Client Copy	1
NELVA E BRUNSTING	481-30-4685	
PART I: Adjustments and Preferences. See instructions.		
If you itemized deductions on Schedule A, start on line 1. If you did not itemize on your	IA 1040, start on line 7.	
1. Medical and dental from line 2, federal form 6251		
2. Taxes from line 3, federal form 6251, less any lowa income tax included on that line	2	1,443
3. Certain interest on a home mortgage not used to build, buy, or improve your home, from line 4, federal	form 6251 3.	
4. Miscellaneous itemized deductions from line 5, federal form 6251	· · · · ·	
5. Refund of taxes from line 7, federal form 6251, less any lowa income tax included on that line	5.	
6. Investment interest from line 8, federal form 6251, less interest and expense related to private		
activity bonds issued after 08/07/86	6	<u>     0  </u>
7. Post - 1986 depreciation from line 18, federal form 6251		
8. Adjusted gain or loss from line 17, federal form 6251		· · · · ·
9. Incentive stock options from line 14, federal form 6251	9	
10. Passive activities from line 19, federal form 6251	10	179
11. Beneficiaries of estates and trusts from line 15, federal form 6251		
12. Enter the amount for each corresponding item from federal form 6251. Enter total on line 12.		
a. Circulation expenditures (line 21) a h. Patron's adjustment h		
b. Depreciation (pre-1987) b i. Pollution control facilities i		
C. Installment sales (line 25) , , , , C j. Research and experimental (line 24) , , , j		
d. Large partnerships (line 16) d k. Section 1202 exclusion (line 13) k	·····	
e. Long-term contracts (line 22) . e I. Tax shelter farm activities I	······	
f. Loss limitations (line 20) f m. Related adjustments (see instr.) (line 27) m	0	
g. Mining costs (line 23) g.	12	
13. Total Adjustments and Preferences. Combine lines 1 through 12.		1,622
PART II: Alternative Minimum Taxable Income		
14. Taxable income from IA 1040, line 42; or IA 1041, line 22		<u>44,114</u>
15. Net operating loss deduction. Do not enter as a negative amount.		
16. Combine lines 14 and 15.		44,114
17. Add lines 13 and 16.		<u>45,736</u>
18. Alternative tax net operating loss deduction. See instructions.	18	45 506
19. Alternative Minimum Taxable Income. Subtract line 18 from line 17.		45,736
PART III: Exemption Amount and Alternative Minimum Tax		
20. Enter \$35,000 (*\$17,500 if filing status 3 or 4; \$26,000 if single, head of household or qualifying widow(e		26,000
21. Enter \$150,000 (*\$75,000 if filing status 3 or 4; \$112,500 if single, head of household or qualifying widow		12,500
22. Subtract line 21 from line 19. If the result is zero or less, enter zero.		0
23. Multiply line 22 by 25% (0.25).		
24. Subtract line 23 from line 20. If the result is zero or less, enter zero.		26,000
25. Subtract line 24 from line 19.		19,736
26. Multiply line 25 by 6.7% (0.067).		1,322
27. Regular tax after credits. See instructions.		2,406
28. Iowa Minimum Tax. Subtract line 27 from line 26, enter here and on IA 1040, line 45, or IA 1041,		0
line 25. See instructions for Minimum Tax Limited to Net Worth. If less than zero, enter zero.		<u>U</u>
PART IV: NONRESIDENTS AND PART-YEAR RESIDENTS ONLY - Complete lines 29 - 32.		
29. Enter lowa net income plus lowa adjustments and preferences. See instructions. If less than zero, enter		22,924
30. Total net income plus total adjustments and preferences. See instructions.	· · · · · · · · · · · · · · · · · · ·	<u>62,397</u>
31. Divide line 29 by line 30 and enter the result to three (3) decimal places.		0.367
32. Iowa Minimum Tax. Multiply line 28 by line 31. Enter here and on IA 1040, line 45, or IA 1041,		~
line 25. See instructions for Minimum Tax Limited to Net Worth. If less than zero, enter zero.		0

*Exemption levels of \$17,500 and \$75,000 on lines 20 and 21, respectively, also apply to an estate or trust.

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BRUNSTING003573

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9706									
Form	epartment of the Treasury-International U.S. Inco	al Revenue Service	r Estates and T	rusts		201	1	OM	3 No. 1545-0092
A c	Check all that apply:	For calendar year 2011 of		, and er	ndina				1040-0002
Π.	<b>N</b> = =	Name of estate or trust (If a gran			C	Emplo	yer iden	lificatio	n number
	Decedent's estate	ELMER H BRUN	STING DECEDI	ENTS TR DTD		27-	645	310	0
	limple trust	4-1-09 AS ES	T UTD 10-10-	-96	D	Date er	ntity crea	ed	<u> </u>
	Complex trust	Name and title of fiduciary							ØV
	Qualified disability trust	ANITA BRUNST	ING		E	Nonexe	empt cha	ritable a	and split-
	Frantor type trust	TRUSTEE					trusts, c	-	
	ankruptcy estate-Ch. 7	Number, street, and room or sui	te πο. (If a P.O. box, see the in	structions.)		box(es)	), see ins	truction	5.
	ankruptcy estate-Ch. 11	2003 BLOOMIN	GDALE CIR			Descr	ibed in se	c. 4941	7(a)(1). Check here
	coled income fund	City or town, state, and ZIP code	9			if not a	a private	foundat	ion 🚬 🕨 📃
	·	VICTORIA	TX	77904		Descr	ibed in se	c. 494	7(a)(2)
в	Number of Schedules K-1 attached (see	F Check initial re	turn Final return	Amended return		Chang	ge in trus	's nam	e
	instructions) 1					Chang	je in fidu	ciary's a	oddress
<u>G</u> c		st made a section 645 election	••••••••••••••••••••••••••••••••••••••						
	1 Interest income					🖵	1		
	2a Total ordinary div	/idends					2a		8,092
	b Qualified dividends	allocable to: (1) Beneficiaries	4,241	(2) Estate or trust					
e l	3 Business income	or (loss). Attach Schedule C	or C-EZ (Form 1040)	•••••••••••••••••••••••••••••••			3		
ncome	4 Capital gain or (lo	oss). Attach Schedule D (Fon	m 1041)			···· -	4		3,508
Ĕ	5 Rents, royalties,	partnerships, other estates a	nd trusts, etc. Attach Sc	hedule E (Form 1040)		···· -	5		41,938
	6 Farm income or ( 7 Ordinary gain or (	loss). Attach Schedule F (Fo	rm 1040)	•••••••••••••••••••••••••••••••••••••••	• • • • • • • • • • • •		6		
	8 Other income. Lis	(loss). Attach Form 4797 St type and amount				1	7		
		ombine lines 1, 2a, and 3 through		• • • • • • • • • • • • • • • • • • • •		···: -	8		E2 E20
		Form 4952 is attached					9 10		53,538
				• • • • • • • • • • • • • • • • • • • •		···· [	11		
	12 Eiduoinny food	· · · · · · · · · · · · · · · · · · ·				· · · ·	12		
		tion (from Schedule A, line 7)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	* , , - , * , , , , , , , , , , , , , ,	• • • • • • • • • • • • • • •		13		
	14 Attorney, account	tant, and return preparer fees					14	• • • • • • • • • • • • • • • • • • • •	
us		not subject to the 2% floor (a		• • • • • • • • • • • • • • • • • • • •	•••••		15a		
Deductions	b Allowable miscell	aneous itemized deductions	subject to the 2% floor			····	5b		····
lic	16 Add lines 10 throu	ugh 15b		•••••••••••••••••••••••••••••••••••••••	• • • • • • • • • • • • • • • • • • •		16		
)ec		ne or (loss). Subtract line 16 from			53,				
ليا	18 Income distribution dedu	ction (from Sch. B, line 15). Attach Sche	dules K-1 (Form 1041)				18		50,030
	19 Estate tax deduction	including certain generation-skip	ping taxes (attach computa	tion)			19		
	20 Exemption						20		100
	21 Add lines 18 throu	ugh 20					21		50,130
	22 Taxable income.	Subtract line 21 from line 17.	If a loss, see instruction	s			22		3,408
	23 Total tax (from S	chedule G, line 7)					23		207
ß	24 Payments: a 20	011 estimated tax payments a	and amount applied from	n 2010 return		2	24a		7,120
, î		ments allocated to beneficiar					4b		
Payments	c Subtract line 24b						4c		7,120
ay	d Tax paid with Fon	m 7004 (see instructions)		·		2	4d		
т Т		ax withheld. If any is from For	• •				4e		
Tax and	Other payments: 25 Total payments.	T FOIT 2439	; g Fom	n 4136	; lota		4h		<b>—</b> 100
ax	25 Total payments. 26 Estimated tax per	Add lines 24c through 24e, a naity (see instructions)					25	··,	7,120
F		5 is smaller than the total of li					26		
	28 Overpayment. If	line 25 is larger than the total	nos zo anu zo, enter an Inflines 23 and 26 ante	ar amount overneid			27 28		6,913
							20		6,913
Cias	Under penalties of penjury, I dec	to be: a Credited to 2012 lare that I have examined this return, inc laration of preparer (other than taxpayer)	luding accompanying schedules a	and statements, and to the best of my k	nowledge and i	xelief, it is	^{zg} [	May th	e IRS discuss this
Sigr Her	uue, conect, Jana completer Dec	arauon or preparer (other than taxpayer)	) is pased on all information of wh イー	ich preparer has any knowledge.				return	with the preparer below (see instr.)?
ner		officer representing fiduciary	<i>11</i>		ciary if a finan	cial institut			X Yes No
	Print/Type preparer's name		Preparer's signature	LINE OF HOU	Date	T	<b>^</b>	ר	PTIN
Paid	RICHARD K RIKKERS	CPA	RICHARD K RIKKERS	S CPA		/12 set	eck L	_lif ∋di	P00144154
Prepai		ROESE & KROESE	P.C.		<u> </u>	Firm's E	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		-1277139
Use O		40 NORTH MAIN							
	Firm's address 🕨 S	IOUX CENTER, I	A 51250-182	24		Phone n	o. 7	12-	722-3375

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	1041 (2011) ELMER H BRUNSTING DECEDENTS TR DTD	27-645310		Page 2
S	hedule A Charitable Deduction. Do not complete for a simple tru	ليتبا تبحا فينا تبدرا فيتراجين ليسر فتشتق فالمتحاط فتحاط فالمتحاط والمتحاص		
1	Amounts paid or permanently set aside for charitable purposes from gross income (see in	structions)		
2	Tax-exempt income allocable to charitable contributions (see instructions)	. , , . , . ,	2	
3				
4	Subtract line 2 from line 1 Capital gains for the tax year allocated to corpus and paid or permanently set aside for ch	aritable purposes	Client Cor	<u> </u>
5	Add lines 3 and 4		5	•
6	Section 1202 exclusion allocable to capital gains paid or permanently set aside for charita			
	purposes (see instructions)		6	
7	Charitable deduction. Subtract line 6 from line 5. Enter here and on page 1, line 13			
S	hedule B Income Distribution Deduction			
1	Adjusted total income (see instructions)		1	53,538
2	Adjusted tax-exempt interest			
3	Total net gain from Schedule D (Form 1041), line 15, column (1) (see instructions)		3	0
4	Enter amount from Schedule A, line 4 (minus any allocable section 1202 exclusion)		4	
5	Capital gains for the tax year included on Schedule A, line 1 (see instructions)			0
6	Enter any gain from page 1, line 4, as a negative number. If page 1, line 4, is a loss, enter			
•	as a positive number		6	-3,508
7	Distributable net income.Combine lines 1 through 6. If zero		······	
•	or less, enter -0-		7	50,030
8	If a complex trust, enter accounting income for the tax year as	• • • • • • • • • • • • • • • • • • • •		
U	determined under the governing instrument and applicable local law	1 8 1	50,030	
9				50,030
	Other amounts paid, credited, or otherwise required to be distributed			0
	Total distributions. Add lines 9 and 10. If greater than line 8, see instructions	• • • • • • • • • • • • • • • • • • • •	11	50,030
11			1 1	
12		• • • • • • • • • • • • • • • • • • • •		50,030
13 14	Tentative income distribution deduction. Subtract line 12 from line 11 Tentative income distribution deduction. Subtract line 2 from line 7. If zero or less, enter -0			50,030
	Income distribution deduction. Subtract line 2 from line 17. If zero of less, enter -			50,030
15 C	hedule G Tax Computation (see instructions)	1, III 10		
		1a	207	
1	Tax: a Tax on taxable income (see instructions)	1a 1b		
	b Tax on lump-sum distributions. Attach Form 4972	10		
	c Alternative minimum tax (from Schedule I (Form 1041), line 56)	Levin		207
•	d Total. Add lines 1a through 1c	1 1	• <u>1d</u>	207
2a	Foreign tax credit. Attach Form 1116	2a		
b	General business credit. Attach Form 3800	2b		
с.	Credit for prior year minimum tax. Attach Form 8801	2c		
d	Bond credits. Attach Form 8912	20	▶ 3	0
3	Total credits. Add lines 2a through 2d	• • • • • • • • • • • • • • • • • • • •	·····	
4	Subtract line 3 from line 1d. If zero or less, enter -0-			207
5	Recapture taxes. Check if from: Form 4255 Form 8611	• • • • • • • • • • • • • • • • • • • •		
6	Household employment taxes. Attach Schedule H (Form 1040)			
7	Total tax. Add lines 4 through 6.			0.00
	Enter here and on page 1, line 23	<u></u>		207
	Other Information			Yes No
1	Did the estate or trust receive tax-exempt income? If "Yes," attach a computation of the at	nocation of expenses	5	
	Enter the amount of tax-exempt interest income and exempt-interest dividends  \$			
2	Did the estate or trust receive all or any part of the earnings (salary, wages, and other cor			
	individual by reason of a contract assignment or similar arrangement?			X
3	At any time during calendar year 2011, did the estate or trust have an interest in or a sign			
	over a bank, securities, or other financial account in a foreign country?			X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes	," enter the name of	the	
	foreign country			
4	During the tax year, did the estate or trust receive a distribution from, or was it the grantor	r of, or transferor to,	а	
_	foreign trust? If "Yes," the estate or trust may have to file Form 3520. See instructions Did the estate or trust receive, or pay, any qualified residence interest on seller-provided financing? If " the instructions for required attachment			<u>x</u>
5	Did the estate or trust receive, or pay, any qualified residence interest on seller-provided financing? If " the instructions for required attachment	Yes," see		
6	If this is an estate or a complex trust making the section 663(b) election, check here (see	instructions)	•	
7	To make a section 643(e)(3) election, attach Schedule D (Form 1041), and check here (se	ee instructions)		
8	If the decedent's estate has been open for more than 2 years, attach an explanation for the delay in clo estate, and check here	sing the		
9	Are any present or future trust beneficiaries skip persons? See instructions			
DAA			BRUNSTING003	

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Form 8879-F	IRS e-file Signature Author for Form 1041		OMB No. 1545-0967
Department of the Treasury Internal Revenue Service	For calendar year 2011, or fiscal year beginning See instructions. Do not send to the IRS. Keep for		2011
Name of estate or trust	See instructions. Do not send to the IKS. Keep for	Employer identific	
ELMER H BRUNSTI	NG DECEDENTS TR DTD	Client (	Copv
4-1-09 AS EST U		27-6453	
Name and title of fiduciary			
ANITA BRUNSTING			
TRUSTEE			
Part I Tax Return Ir	formation (Whole Dollars Only)		
1 Total income (Form 1041, i	ne 9)	1	<u>53,538</u>
2 Income distribution deduction	on (Form 1041, line 18)	2	50,030
3 Taxable income (Form 104	1, line 22)	3	3,408
4 Total tax (Form 1041, line 2	3)		207
5 Tax due or overpayment (F	orm 1041, line 27 or 28)		-6,913
Part II Declaration a trust's return	and Signature Authorization of Fiduciary (Be sure t )	to get a copy of the estate's	or
2011 electronic income tax return	re that I am a fiduciary of the above estate or trust and that I have e and accompanying schedules and statements, and to the best of m	ny knowledge and belief, it is true,	st's
	clare that the amounts in Part I above are the amounts shown on the sent to allow my electronic return originator (ERO), transmitter, or in		the
estate's or trust's return to the IRS	and to receive from the IRS (a) an acknowledgment of receipt or n	eason for rejection of the transmission	n,
	cessing the return or refund, and (c) the date of any refund. If appli		
	nitiate an electronic funds withdrawal (direct debit) entry to the finan ent of the estate's or trust's federal taxes owed on this return, and th		
	ent, I must contact the U.S. Treasury Financial Agent at 1-888-353		

to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal

identification number (PIN) as my signature for the estate's or trust's electronic income tax return and, if applicable, the estate's or trust's consent to electronic funds withdrawal.

9706

### Fiduciary's PIN: check one box only

X lauthorize KROESE & KROESE P.C.	to enter my PIN 10540 as my signature					
ERO firm name	do not enter all zeros					
on the estate's or trust's 2011 electronically filed income tax return.						
As a fiduciary or officer representing the fiduciary of the estate or trust, I will exert estate's or trust's 2011 electronically filed income tax return.	nter my PIN as my signature on the					
Signature of fiduciary or officer representing the fiduciary	Date > 03/28/12					
ANITA BRUNSTING						
Part II Certification and Authentication	·					
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN	N. 42051284948 do not enter all zeros					
I certify that the above numeric entry is my PIN, which is my signature on the 2011 ele or trust indicated above. I confirm that I am submitting this return in accordance with the Application and Participation, and Pub. 1437, Procedures for the Form 1041 e-file Pro- Trusts for Tax Year 2011.	ne requirements of Pub. 3112, IRS e-file					
ERO's signature   RICHARD K RIKKERS CPA	Date ▶ 04/05/12					
ERO Must Retain This Form — See Instructions						
Do Not Submit This Form to the IRS	Unless Requested To Do So					

For Paperwork Reduction Act Notice, see instructions.

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orm 845	3-1		Signature 1						
epartment of the Tre	easurv	For calendar year 201	11, or fiscal year beginning		, and ending	I			2011
temal Revenue Ser ame of estate or tru	vice	LMER H BRUNS	► See in STING DECEDEN	structions on bac TS TR DTD	***	A	Employe	er identificat	ion number
	4		<u>r utd 10-10-9</u>			6	lien	<u>t3Co</u>	ру
ame and tille of fidu	·	NITA BRUNSTI RUSTEE	ING						
B If this form			check here						
Part I	Tax Retur	n Information							
1 Total incor	me (Form 104	1, line 9)					. 1		
2 Income dis	stribution ded	uction (Form 1041, line	18)				. 2		
3 Taxable in	come (Form	1041, line 22)					. 3		
4 Total tax (	Form 1041, lii	ne 23)				• • • • • • • • • • • • •	. 4		
5 Tax due o	r overpaymen	it (Form 1041, line 27 or	r 28)				. 5		
		on of Fiduciary							
(settlem necessa ider penalties of pe ectronic portion of t companying sched turn(s), including th	ent) date. I also a any to answer inqu arjury, I declare th he 2011 U.S. Inco lules and stateme ils declaration and	payment, I must contact the U uthorize the financial institution irries and resolve issues related at the above amounts (or the a ome Tax Return(s) for Estates ints. To the best of my knowled d accompanying schedules and	yment of the estate's or trust's ta J.S. Treasury Financial Agent 4H ns involved in the processing of t of to the payment. amounts on the attached listing) and Trusts. I have also examine dge and belief, they are true, con d statements, be sent to the IRS	388-353-4537 no later that he electronic payment of agree with the amounts s d a copy of the return(s) i rect, and complete. If I an by the return transmitter.	and the financial institu n 2 business days prior taxes to receive confid hown on the correspo- being filed electronical n not the transmitter, I I also consent to the I	or to the payme dential informa nding lines of t ly with the IRS consent that the RS's sending	ent tion the i, and all the ERO		
(settlem necessa ectronic portion of t iccompanying sched turn(s), including th d/or transmitter an jection.	ent) date. I also a ary to answer inqu arjury, I declare th he 2011 U.S. Inco lules and stateme als declaration and acknowledgement	payment, I must contact the U uthorize the financial institution intes and resolve issues related at the above amounts (or the a ome Tax Return(s) for Estates ints. To the best of my knowled d accompanying schedules and nt of receipt of transmission an	yment of the estate's or trust's ta J.S. Treasury Financial Agent 4H ns involved in the processing of t d to the payment. amounts on the attached listing) and Trusts. I have also examine dge and belief, they are true, con d statements, be sent to the IRS d an indication of whether or not	xes owed on this return, a <b>188-353-4537</b> no later that he electronic payment of agree with the amounts s d a copy of the return(s) I rect, and complete. If I an by the return transmitter.	and the financial institu n 2 business days prior taxes to receive confid hown on the correspo- being filed electronical n not the transmitter, I I also consent to the I	or to the payme dential informat nding lines of ti ly with the IRS consent that ti RS's sending eason(s) for th	ent tion the i, and all the ERO		
(settlem necessa ader penalties of pe ectronic portion of t companying sched turn(s), including th d/or transmitter an iection.	ent) date. I also a ary to answer inqu arjury, I declare th the 2011 U.S. Inco lules and stateme is declaration and acknowledgement Signature of fidur	payment, I must contact the U uthorize the financial institution irites and resolve issues related at the above amounts (or the a ome Tax Return(s) for Estates ints. To the best of my knowled d accompanying schedules and ht of receipt of transmission an	yment of the estate's or trust's ta J.S. Treasury Financial Agent 4H ns involved in the processing of t d to the payment. amounts on the attached listing) and Trusts. I have also examine dge and belief, they are true, con d statements, be sent to the IRS d an indication of whether or not	xes owed on this return, a <b>188-353-4537</b> no later that he electronic payment of agree with the amounts s d a copy of the return(s) i rect, and complete. If I an by the return transmitter. the return(s) is accepted	and the financial institu n 2 business days prior taxes to receive confir hown on the correspo- being filed electronical n not the transmitter, I I also consent to the I and, if rejected, the r	or to the payme dential informa nding lines of I ly with the IRS consent that ti RS's sending eason(s) for th Date	tion the tion the and all the ERO the		
(settlem- necessa ader penalties of pe tecronic portion of t companying sched turn(s), including th d/or transmitter an iection. ign ere Part III eclare that I have n liector, I am not res fiduciary will have h the IRS, and hav usts for Tax Year 2 hedules and statem	ent) date. I also a ary to answer inquering, I declare the he 2011 U.S. Inco- lules and statement is declaration and acknowledgement Signature of fidure Declaratic eviewed the above ponsible for reviewer signed this form re followed all othe 011. If I am also the nents, and to the I	payment, I must contact the U suthorize the financial institution intes and resolve issues related at the above amounts (or the a ome Tax Return(s) for Estates ints. To the best of my knowled d accompanying schedules and int of receipt of transmission an clary or officer representing fident or of Electronic Reference and wing the return(s), and only de before I submit the return(s). I er requirements described in P he Paid Preparer, under penal	yment of the estate's or trust's ta J.S. Treasury Financial Agent 4t4 ns involved in the processing of to d to the payment. amounts on the attached listing) and Trusts. I have also examine dge and belief, they are true, con d statements, be sent to the IRS ind an indication of whether or not	xes owed on this return, a ses owed on this return, a ses-353-4537 no later that he electronic payment of agree with the amounts s d a copy of the return(s) i rect, and complete. If I an by the return transmitter. the return(s) is accepted <b>RO) and Paid P</b> are complete and correct flects the data on the return spresenting the fiduciary arm 1041 e-file Program, L ve examined the above estimation of the return the return of the above estimation of the spresenting the fiduciary arm	and the financial institu n 2 business days price taxes to receive confirence hown on the correspondence peing filed electronical n not the transmitter, if and, if rejected, the re- electronical n and, if rejected, the re- electronical n and, if rejected, the re- electronical to the best of my kno- um(s). The fiduciary of a copy of all forms and J.S. Income Tax Return tax teturn(s)	or to the payme dential information anding lines of it ly with the IRS consent that it RS's sending eason(s) for the Date Date e instruct wiedge. If I am r an officer rep d information to ms for Estates and accompai	ent tion he , and all he ERO he ERO he e ions)		
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For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8453-F (2011)

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SCHEDULE	۱
(Form 1041)	

### **Alternative Minimum Tax—Estates and Trusts**

OMB No. 1545-0092

2011

Attach	to Form 1041.	See the	separate	instructions
	for Cohod	ula L/Ea	4044	

Department of the Treasury Internal Revenue Service		for Schedule I (Form 1041).		2011
Name of estate or trust			7 - 64 5 3 1	ation number
Tes bires		or Trust's Share of Alternative Minimum Taxable Income	1-04001	
<u></u>		or (loss) (from Form 1041, line 17)	1	53,538
2				
3				
4	Miscellaneous itemize	d deductions (from Form 1041, line 15b)		
5				
6		etween regular tax and AMT)		
7	Net operating loss ded	uction. Enter as a positive amount		······································
8		private activity bonds exempt from the regular tax		
9		ss stock (see instructions)		
10	Exercise of incentive s	tock options (excess of AMT income over regular tax income)	10	<u></u>
11		ts (amount from Schedule K-1 (Form 1041), box 12, code A)		
12		hips (amount from Schedule K-1 (Form 1065-B), box 6)		<u> </u>
13		(difference between AMT and regular tax gain or loss)		
14	Depreciation on asset	s placed in service after 1986 (difference between regular tax and AMT)	14	
15		erence between AMT and regular tax income or loss)		
16	Loss limitations (differ	ence between AMT and regular tax income or loss)	16	
17		rence between regular tax and AMT)		
18	Long-term contracts (c	lifference between AMT and regular tax income)	18	·,,,,,,,, , ······
19	Mining costs (difference	e between regular tax and AMT)	19	
20	Research and experim	ental costs (difference between regular tax and AMT)	20	<u>Angu 11 11 1 - 1 - 1 - 1 - 1 - 1 - 1 -</u>
21	Income from certain in	stallment sales before January 1, 1987		
22	Intangible drilling costs			/
23		luding income-based related adjustments		
24		rating loss deduction (See the instructions for the limitation that applies.)		}
25		inimum taxable income. Combine lines 1 through 24		53,538
		below before going to line 26.		
26	Income distribution de	turction from Part II line 44 50.0	30	
27	Estate tax deduction (1	rom Form 1041, line 19)		
28	Add lines 26 and 27		28	50,030
29		e of alternative minimum taxable income. Subtract line 28 from line 25	29	3,508
	If line 29 is:			
		p here and enter -0- on Form 1041, Schedule G, line 1c. The estate or		
		e alternative minimum tax.		
		ess than \$165,000, go to line 45.		
		enter the amount from line 29 on line 51 and go to line 52.		
ØΡ.	nt II Income I	Distribution Deduction on a Minimum Tax Basis		
30		inimum taxable income (see instructions)	30	53,538
31	-	terest (other than amounts included on line 8)	31	
32		hedule D (Form 1041), line 15, column (1). If a loss, enter -0-		
33		x year allocated to corpus and paid or permanently set aside for charitable		
		1041, Schedule A, line 4)	33	
34		nanently set aside for charitable purposes from gross income (see instructions)	-, -	
35		d on a minimum tax basis included on line 25	25 1	3,508)
36	, -	ed on a minimum tax basis included on line 25. Enter as a positive amount		
37		e minimum taxable income (DNAMTI). Combine lines 30 through 36. If zero or less, enter -0-		50,030
38		distributed currently (from Form 1041, Schedule B, line 9)		50,030
39		redited, or otherwise required to be distributed (from Form 1041, Schedule B, line 10)		
40	Total distributions. Add		40	50,030
41		cluded on line 40 (other than amounts included on line 8)		
42		bution deduction on a minimum tax basis. Subtract line 41 from line 40	42	50,030

Schedule | (Form 1041) (2011)

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

### BRUNSTING003583

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	dule I (Form 1041) (2011) ELMER H BRUNSTING DECEDENTS TR		27-645310	0	Page 2
<u>Pa</u>	Income Distribution Deduction on a Minimum Tax Basis (	continued	)		
43	Tentative income distribution deduction on a minimum tax basis. Subtract line 31 from lin	ie 37.			
	If zero or less, enter -0-			43	50,030
44	Income distribution deduction on a minimum tax basisEnter the smaller of line 42	or line 43.			<b>•</b>
	Enter here and on line 26		<u> </u>	JAC	<u>Copy 50,030</u>
Pa	rt III Alternative Minimum Tax				
45	Exemption amount	<u>.</u> <u>.</u>		45	22,500
46	Enter the amount from line 29	46			
47	Phase-out of exemption amount		75,000		
48	Subtract line 47 from line 46. If zero or less, enter -0-	48			
49	Multiply line 48 by 25% (.25)			49	
50	Subtract line 49 from line 45. If zero or less, enter -0-			50	
51	Subtract line 50 from line 46			51	
52	Go to Part IV of Schedule I to figure line 52 if the estate or trust has qualified dividends or	r has a			
	gain on lines 14a and 15 of column (2) of Schedule D (Form 1041) (as refigured for the A	MT, if			
	necessary). Otherwise, if line 51 is				
	<ul> <li>\$175,000 or less, multiply line 51 by 26% (.26).</li> </ul>				
	• Over \$175,000, multiply line 51 by 28% (.28) and subtract \$3,500 from the result			52	
53	Alternative minimum foreign tax credit (see instructions)			53	
54	Tentative minimum tax. Subtract line 53 from line 52			54	
55	Enter the tax from Form 1041, Schedule G, line 1a (minus any foreign tax credit from Sch	hedule G, lin	e 2a)	55	
56	Alternative minimum tax. Subtract line 55 from line 54. If zero or less, enter -0 Enter I	here and on	Form 1041,		
	Schedule G, line 1c			56	
Pa	It IV Line 52 Computation Using Maximum Capital Gains Rates				
	Caution: If you did not complete Part V of Schedule D (Form 1041), the Schedule D Tax	x Worksheet	,		
	or the Qualified Dividends Tax Worksheet, see the instructions before completing this pa	rt.			
57	Enter the amount from line 51			57	
58	Enter the amount from Schedule D (Form 1041), line 22, line 13 of the				
	Schedule D Tax Worksheet, or line 4 of the Qualified Dividends Tax				
	Worksheet, whichever applies (as refigured for the AMT, if necessary)	58			
59	Enter the amount from Schedule D (Form 1041), line 14b, column (2) (as				
	refigured for the AMT, if necessary). If you did not complete Schedule D				
	for the regular tax or the AMT, enter -0-	59			
60	If you did not complete a Schedule D Tax Worksheet for the regular tax				
	or the AMT, enter the amount from line 58. Otherwise, add lines 58 and				
	59 and enter the smaller of that result or the amount from line 10 of the				
	Schedule D Tax Worksheet (as refigured for the AMT, if necessary)	60			
61	Enter the smaller of line 57 or line 60		~	61	
62	Subtract line 61 from line 57			62	
63	If line 62 is \$175,000 or less, multiply line 62 by 26% (.26). Otherwise, multiply line 62 by				
	(.28) and subtract \$3,500 from the result		🕨	63	
64	Maximum amount subject to the 0% rate	64	2,300		
65	Enter the amount from line 23 of Schedule D (Form 1041), line 14 of the				
	Schedule D Tax Worksheet, or line 5 of the Qualified Dividends Tax				
	Worksheet in the Instructions for Form 1041, whichever applies (as				
	figured for the regular tax). If you did not complete Schedule D or either				
	worksheet for the regular tax, enter -0-	65			
66	Subtract line 65 from line 64. If zero or less, enter -0-	66			
67	Enter the smaller of line 57 or line 58	67			
68	Enter the smaller of line 66 or line 67	68			
69	Subtract line 68 from line 67	69			
70	Multiply line 69 by 15% (.15)		▶	70	
	If line 59 is zero or blank, skip lines 71 and 72 and go to line 73. Otherwise, go to	o line 71.			
71	Subtract line 67 from line 61	71			
72	Multiply line 71 by 25% (.25)		▶	72	
73	Add lines 63, 70, and 72			73	
74	If line 57 is \$175,000 or less, multiply line 57 by 26% (.26). Otherwise, multiply line 57 by				
	and subtract \$3,500 from the result			74	
75	Enter the smaller of line 73 or line 74 here and on line 52			75	

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sci	HEDULE D			1				OMB No. 1545-0092
(Form 1041) Capital Gains and Losses						2044		
Department of the Treasury Internal Revenue Service Attach to Form 1041, Form 5227, or Form 990-T. See the Instructions for Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable).								2011
Name of estate or trust ELMER H BRUNSTING DECEDENTS TR DTD						ver identification number ent Copy 6453100		
	Form 5227 filers need to co Short-Term (				eld One Year or Less	•		
	(a) Description of property	Sapital V	(b) Date acquired	(c) Date sold		<ul> <li>(e) Cost or other basis</li> </ul>	3	(f) Gain or (loss) for
	mple: 100 shares 7% preferred of *Z		(mo., day, yr.)	(mo., day, yr.)	(d) Sales price	(see instructions	)	the entire year Subtract (e) from (d)
1a 	SEE ATTACHED E	DWARD	JONES VARIOUS	VARIOUS	2,516	2,	142	374
								·······
	Enter the short-term gain o	r (loss) if a	uny from Schedule	D-1 line 1b			16	
	•		•	,	••••••			
2	Short-term capital gain or (I	loss) from I	Forms 4684, 6252,	6781, and 8824		. , ,	2	
3	Net short-term gain or (loss						3	
4	Short-term capital loss carr Carryover Worksheet	yover. Ente	,	•	•		4	)
5	Net short-term gain or (lo	•	ine lines 1a throug	ıh 4 in column (f). Er				
Pa	column (3) on the back	Capital G	ains and Loss	ses – Assets He	eld More Than One Y	►	5	374
20000000	(a) Description of property mple: 100 shares 7% preferred of "Z"		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see instructions)		(f) Gain or (loss) for the entire year Subtract (e) from (d)
6a SEE ATTACHED EDWARD		DWARD	JONES VARIOUS	VARIOUS	42,662	39,	786	2,876
ь	Enter the long-term gain or	(loss), if ar	ny, from Schedule	D-1, line 6b			6b	
7	Long-term capital gain or (id	oss) from F	orms 2439, 4684,	6252, 6781, and 88	24		7	
8	8 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts						8	· · · · · · · · · · · · · · · · · · ·
9	Capital gain distributions SEE STATEMENT 1					9	258	
10 11					10			
12	Net long-term gain or (los				nter here and on line 14a,		11 (	)
For F	column (3) on the back Paperwork Reduction Act I					••••••••••••••••••••••••••••••••••••••	12 Sched	<u>3,134</u> lule D (Form 1041) 2011

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Sche	dule D (Form 1041) 2011 ELMER H BRUNSTING DI	ECEDE	NTS TR D	TD	27-6453100		Page 2
Pa	Part III Summary of Parts I and II Caution: Read the instructions before completing this pa				(2) Estate's or trust's	<b>(3)</b> Total	
13	Net short-term gain or (loss)	13			374		374
14	Net long-term gain or (loss):					<b>^</b>	
a	Total for year	14a				Copy	3,134
þ	Unrecaptured section 1250 gain (see line 18 of the wrksht.)	14b					
C	28% rate gain	14c					
15	Total net gain or (loss).Combine lines 13 and 14a	15			3,508	A	3,508
	: If line 15, column (3), is a net gain, enter the gain on Form 1041, lin						•
gains	s, go to Part V, and <b>do not</b> complete Part IV. If line 15, column (3), is	a net loss	, complete Part I	V and the C	apital Loss Carryover	Worksheet,a	S
nece	ssary.						
Pa	Int IV Capital Loss Limitation						
16	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-	T, Part I,	line 4c, if a trust	), the <b>small</b>	erof:		
а	The loss on line 15, column (3) or b \$3,000					K	)
	: If the loss on line 15, column (3), is more than \$3,000, or if Form 10			rm 990-T, li	ne 34), is a loss, complet	te the Capital	
544000000000000	Carryover Worksheetin the instructions to figure your capital loss						
	Tax Computation Using Maximum Capital						
	n 1041 filers. Complete this part only if both lines 14a and 15 in colu		e gains, or an an	nount is ente	ered in Part I or Part II ar	nd there is an	
	on Form 1041, line 2b(2), and Form 1041, line 22, is more than zero						
	tion: Skip this part and complete the Schedule D Tax Worksheetin	the instru	ictions if:				
	ither line 14b, col. (2) or line 14c, col. (2) is more than zero, or						
	oth Form 1041, line 2b(1), and Form 4952, line 4g are more than zero						
	<b>n 990-T trusts.</b> Complete this part <b>only</b> if both lines 14a and 15 are g						
	Form 990-T, line 34, is more than zero. Skip this part and complete the	ne Sched	ule D Tax Worl	<b>(sheet</b> in the	instructions if either line	e 14b, col. (2) c	r
line 1	14c, col. (2) is more than zero.			_ 1	<u> </u>	1	
17	Enter taxable income from Form 1041, line 22 (or Form 990-T, line	34)		7	3,408		
18	Enter the smaller of line 14a or 15 in column (2)						
	but not less than zero		3,134				
19	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) 19						
20	Add lines 18 and 19 20		3,134				
21	If the estate or trust is filing Form 4952, enter the						
	amount from line 4g; otherwise, enter -0-		Q				
22	Subtract line 21 from line 20. If zero or less, enter -0-			2	3,134		
23	Subtract line 22 from line 17. If zero or less, enter -0-			3	274		
			_				
24	Enter the smaller of the amount on line 17 or \$2,300			4	2,300		
25	Is the amount on line 23 equal to or more than the amount on line 2						
	Yes. Skip lines 25 and 26; go to line 27 and check the "No" box			_	0.74		
	X No. Enter the amount from line 23			:5	274		
26	Subtract line 25 from line 24			6	2,026		
27	Are the amounts on lines 22 and 26 the same?				2 3 2 4		
	Yes. Skip lines 27 thru 30; go to líne 31. X No. Enter the smaller of	f line 17 or li	ne 22 2	.7	3,134		
28	Enter the amount from line 26 (If line 26 is blank, enter -0-)	. <i></i>	····· 🖵	8	2,026		
					1 100		
29	Subtract line 28 from line 27		L¥	9	1,108		100
30	Multiply line 29 by 15% (.15)						166
31	Figure the tax on the amount on line 23. Use the 2011 Tax Rate Sc						
	(see the Schedule G instructions in the instructions for Form 1041)					L	41
<b>_</b> .							~~~
32	Add lines 30 and 31						207
33	Figure the tax on the amount on line 17. Use the 2011 Tax Rate Sc		r ⊨states and Tru	usts			~~~
<b>.</b> -	(see the Schedule G instructions in the instructions for Form 1041)						622
34	Tax on all taxable income.Enter the smaller of line 32 or line 33	nere and	on Form 1041, S	schedule			0.05
	G, line 1a (or Form 990-T, line 36)	<u></u>				<u> </u>	207

Schedule D (Form 1041) 2011

9706											
SCHEDULE E (Form 1040)	(From rental	ental Income and Loss real estate, royalties, partnerships, ons, estates, trusts, REMICs, etc.)							омв №. 1545-0074 2011		
Department of the Treasury Internal Revenue Service (99)						ions.		Attacl Sequ	nment ence No.	13	
	TING DECEDENTS TR DTD	Your social se Client					ent	curity number Copy			
	UTD 10-10-96 ments in 2011 that would require you to file F		10002 (and indi	in unitiones)		27-6	45:		Yes	No	
	you file all required Forms 1099?	om(s)	IDaat (see his	uucuons)					Yes	No	
Part I Income o	or Loss From Rental Real Estate a							ersonal pro	operty, use	<u></u>	
	perty listed on line 1, check the box in the las	····						.×			
qualified joint venture (QJV)	reporting income not subject to self-employm	ent tax.									
1 Physical address of ea	ich property-street, city, state, zip			Type-from	2 For each re		1	Fair Rental	Personal	QJV	
				list below	estate prop report the r		Days	Use Days	ļ		
A IOWA	· · · · · · · · · · · · · · · · · · ·			1	days rented value and d	d at fair rental	A				
B C	*****				personal us	se. See	B		<u> </u>		
					instructions	<b>,</b>	<b>c</b>			I	
Type of Property:           1         Single Family Residence	a 3 Vacation/Short-Term Rental 5	Land	7 Se	elf-Rental							
2 Multi-Family Residence	4 Commercial 6	Royali	ies 8 O	ther (describe	»)						
Income:					Pro	perties	r		-		
		<u> </u>	A			В			C	<u>.</u>	
· · · · · · · · · · · · · · · · · · ·	party payments. For 2011, enter -0-	<u>3a</u>		0							
	o you on line 3a	3b		44,923							
	on line 3a that are not income (see instructions)	4		44,923							
Expenses:		_									
-		<u>5</u> 6			<u> </u>				· .,	<u></u>	
•	ructions)	7									
•	ce	8	· · · · · · · · · · · · · · · · · · ·								
		9									
	onal fees	10									
• •		11							· · · · · · · · ·		
	nks, etc. (see instructions)	12									
		13	· · · · · ·								
14 Repairs		14									
		15									
		16		2,985	<u>.                                    </u>						
		17									
	depletion	18									
19 Other (list) ►	·····	19									
20 Total expenses. Add lines 5 throug	yh 19	20		2,985							
21 Subtract line 20 from line	e 4. If result is a (loss), see										
instructions to find out if	you must file Form 6198	21		41,938							
	tate loss after limitation, if any,										
	uctions)	22	(	0			<u> </u>			)	
•	rted on line 3a for all rental properties										
	rted on line 3a for all royalty properties			1							
	rted on line 4 for all rental properties					44,9	23				
	rted on line 4 for all royalty properties				······						
	rted on line 12 for all properties										
	rted on line 18 for all properties					2,9	2 2				
+ ,	rted on line 20 for all properties	-				T	24		41,	97 Q	
	ses from line 21 and rental real estate losses			l loccos horo			24 25 (		<u>++</u> ,	<u>, 220</u>	
	and royalty income or (loss).Combine line					·····	~~			2	
	40 on page 2 do not apply to you, also enter										
	a 18. Otherwise, include this amount in the to						26		41.	938	
	Act Notice, see your tax return instruction		o in on page 1	<u> </u>		····· ]	<u> </u>	Schedule	e E (Form 10		

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ad service in the
1		П	Final K-1	Amended K-	.1	<b>ЬЬЪЪЪЪ</b> ОМВ №. 1545-0092
Schedule K-1	2011	P	art III) Bene	ficiary's Shar	e of i	Current Year Income,
(Form 1041) Department of the Treasury Internal Revenue Service	For calendar year 2011,	1	Declu Interest income	ctions, Credi	11 11	nd Other Items Final year deductions
	or tax year beginning, and ending,	2a	Ordinary dividends		C	ient Copy
	of Income, Deductions,	25	Qualified dividends	3,092 1,241		
Credits, etc.	See back of form and instructions.	3	Net short-term capit		<u> </u>	
	About the Estate or Trust					·
A Estate's or trust's employer identifica	auon number	4a	Net long-term capite	al gain		
27-6453100		- 4b	28% rate gain		12	Alternative minimum tax adjustment
B Estate's or trust's name		4c	Unrecaptured section	on 1250 gain		
4-1-09 AS EST		5	Other portfolio and nonbusiness income	e		
C Fiduciary's name, address, city, state		6	Ordinary business i	ncome	-	
ANITA BRUNSTIN TRUSTEE		7	Net rental real estat		_	
2003 BLOOMINGI VICTORIA	DALE CIR TX 77904	8	4 Conter rental income	L,938	13	Credits and credit recapture
		9	Directly apportioned	Ideductions	_	
D Check if Form 1041-T was filed	and enter the date it was filed				14	Other information
E Check if this is the final Form 1	041 for the estate or trust				<u>B</u> *	
		10	Estate tax deduction	n	E*	8,092 STMT
	About the Beneficiary	-			<u>H *</u>	STMT
F Beneficiary's identifying number 481-30-4685						
G Beneficiary's name, address, city, st						
NELVA BRUNSTIN 13630 PINEROCH		*Se	ee attached stat	ement for addit	ional	information.
HOUSTON	TX 77079-5914	No ber dec	te. A statement neficiary's share	must be attach e of income and ach business, n	ied sh I direc	owing the
		For IRS Use Only				
H X Domestic beneficiary	Foreign beneficiary					
Car Denomyork Deduction Ast	Motion, and the Instructions for Form 104	4				Schodulo K.1 (Form 1041) 2011

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule K-1 (Form 1041) 2011 BRUNSTING003592

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BRUNSTING003593

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### 9706 ELMER H BRUNSTING DECEDENTS TR DTD 27-6453100 Federal Statements FYE: 12/31/2011

	Descripti	on		Am	ount
DWARD JONES			 	\$	258
TOTAL				\$	258
· . · · ·					

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### 9706 ELMER H BRUNSTING DECEDENTS TR DTD 27-6453100 Federal Statements FYE: 12/31/2011 NELVA BRUNSTING 481-30-4685

Schedule K-1, Box 14, Code E - Net Investme	Client ( ent Income Information	Сору
Description	/	Amount
DIVIDEND INCOME	\$	8,092
Schedule K-1, Box 14, Code H - Othe	er Information	
Description	/	Amount
BUSINESS AND RENTAL ACTIVITY DETAIL: FARMLAND INCOME	\$	41,938

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It EXUNSTING DECEDENTS TR DTD     For calendar vea 2011, or tex year treatming     and ending       AS EST UTD 10-10-56     AS EST UTD 10-10-56     CIERPFeGODYa       AS EST UTD 10-10-56     AS EST UTD 10-10-56     Z27-64533100       AS EST UTD 10-10-56     AS EST UTD 10-10-56     Z27-64533100       AS EST UTD 10-10-56     AS EST UTD 10-10-56     Z27-64533100       AS EST UTD 10-10-56     ZASSUE INCOME     Regular Tax     X Invanto Minimuro       210     21350     Regular Tax     X Invanto Minimuro       Income     2.1350     Regular Tax     X Invanto Minimuro       Income     2.1459     Regular Tax     X Invanto Minimuro       Income     2.1459     Regular Tax     X Invanto Minimuro       Income     2.1143     Regular Tax     X Regular Tax     X Invanto Minimuro       Income     2.1143     Regular Tax     X Regular Tax     X Regular Tax     X Regular Tax       Income     Regul	Form <b>1116</b>	Form 1116 Page 1 Detail Worksheet	tall Worksheet	2011	
Alternative Minimum Tax		For calendar year 2011, or tax year beginning	, and ending		
Z7-6453100	H BRUNSTING	EDENTS TR DTD		Clientee opryration Numt	er
Alternative Minimum Tax	EST UTD			27-6453100	
	Category of income		Re	×	1
	Name of foreign country	VARIOUS			
	Gross income: (1) Other income				
	ends	2,350			
	Short-term capital gain / loss				
%	FUILY-ICITII CAPITAL VAILUA 1039	0071			Т
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Expenses definitely related				
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Certain itemized deductions				
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					T
%					
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	iross foreign source income	6,459			
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	ross income from all sources	56,523			T
%		*			T
%	lultiply line 3c by line 3f				
%					
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					
%	;				
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	leductions not definitely related				<u> </u>
%	V-00 11100 001 101 101 01				T
%	oreign taxes paid or accrued	123			Τ
ss income is per input. Fiduciary share will be allocated / limited on Form 1116; beneficiary share is allocated on the Beneficiary Foreign Tax Credit Schedule. Iciary share is reported on Form 1116; beneficiary share is reported per beneficiary on the Beneficiary Foreign Tax Credit Schedule		.0000 %			%
	ss income is per input. Fiduciary sha uciary share is reported on Form 111	are will be allocated / limited on Form 1116; beneficiary share is all 16; beneficiary share is reported per beneficiary on the Beneficiary	located on the Beneficiary Foreign Tax (Foreign Tax Credit Schedule	Credit Schedule.	

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Form 1116	Form 1116 Page	Form 1116 Page 1 Detail Worksheet	2011	
	For calendar year 2011, or tax year beginning	, and ending		
Name ELMER H BRUNSTING DECI	DECEDENTS TR DTD		CIGRATe Copyration Number	I
9 AS EST UTD			27-6453100	1
Category of income	PASSIVE INCOME	1	Regular Tax Alternative Minimum Tax X	
Name of foreign country	VARIOUS			
1a Gross income: (1) Other income	3,851			
Qualified dividends	1.1			
Snorc-terri capital gain / loss	258			
 Exnances definitely related 				
Other deductions				
Add lines 3a and 3b				
3d Gross foreign source income	6,459			
3e Gross income from all sources	56,523			
Divide line 3d by line 3e	0.1143			
3g Multiply line 3c by line 3f				
4a Home mortgage interest				
o Other interest expense				
5 Losses from foreign sources Deductions not definitely related (Add lines 2d do th and 5)				
R Enraine faves baid of archited	۲ ۲			
Fiduciary share (2)	0.0000 %]%	<u>%</u>	
⊠ Z(1) Gross income is per input. Fiduciary sh 2(2) Fiduciary share is reported on Form 111	are will be allocated / limited on Form 1116; beneficiary sha 16; beneficiary share is reported per beneficiary on the Ben	tre is allocated on the Beneficiary Forei eficiary Foreign Tax Credit Schedule	gn Tax Credit Schedule.	
16003600				I

	Department of Revenue owa.gov/tax			2011 IA 1041
	alendar Year 2011 or fiscal year beginning, and ending		lowa Fig	duciary Return
Name	e of ELMER H BRUNSTING DECEDENTS TR DTD te or Trust 4-1-09 AS EST UTD 10-10-96			Check one:
· · · ·	ne, Address, and Title of Fiduciary	Decedent's Social Security	Number	
AN	IITA BRUNSTING 03 BLOOMINGDALE CIR		Client	
	CTORIA TX 77904	lowa County in which		X Complex Trust
TR	USTEE	estate is pending		Bankruptcy Estate
	ne of Attorney, Mailing Address (city, state, ZIP)			
	NDACE KUNZ-FREED			If trust, check one:
	800 ST MARYS LANE, SUITE 230 DUSTON TX 77079	Probate No.		X Testamentary
	mey's Phone Number 800-229-3002			Inter Vivos
Authoriz	zation is granted to the attorney listed above to receive confidential tax information under lowa	Code section 421.60 to act as the true	st or estate's repr	resentative before the
	epartment of Revenue and to make written or oral presentations on behalf of the trust or estate prior returns been filed for this estate or trust? X Yes No Is Incom		e requested'	Yes X No
		va 706 being filed? \Box Yes $\overline{\Sigma}$		
	1. Dividends. Enter full amount.		8,092	
	2. Interest			
	3. Income from partnerships and other fiduciaries. Attach supporting schedule.	3.		
	A Not rente and royalties	A 4	1,938	
- <u>S</u>	 Net rems and royandes Net business and farm income or loss. Attach Schedules C or C-EZ and F, federal form 1 Net gain (loss) from capital assets 	1040 5		
	7. Ordinary gains (losses). Attach federal form 4797.			
	8. Other income. State nature of income.			53,538
	9. Total income. Add lines 1 through 8.		<u>,,</u>	53,530 🔺
4	 Interest. Enter on Schedule D, page 2. Taxes. Enter on Schedule D, page 2. 		8.875	
-	12. Fiduciary fees. Enter on Schedule D, page 2.	12.		
1	13. Charitable deduction from income in compliance with Will or Trust instrument.	13.		
	14. Attorney, accountant, and return preparer fees. Enter on Schedule D, page 2.			
<u>Q</u> 1	15. Other deductions not subject to 2% floor. Enter on Schedule D, page 2.	15		
<u>5</u> 1	16. Allowable miscellaneous itemized deductions. Enter on Schedule D, page 2.			
	17. Total. Add lines 10 through 16.			
	18. Balance. Subtract line 17 from line 9		18 1,155	44,663
ğ,	 Distributions to beneficiaries. Complete Schedule B on page 2 or attach federal Schedule Federal estate tax attributable to income in respect of a decedent (fiduciary's state) 	.,,,,		
8	20. Federal estate tax attributable to income in respect of a decedent (houciary's a 21. Total. Add lines 19 and 20.			41,155
e de la companya de l	22. Taxable income of fiduciary. Subtract line 21 from line 18. Must be zero on f			
eg	Complete lines 23-32. Nonresidents, also complete Schedule C and enter on line :			
Staple 2	23. Compute tax from rate Schedule E, page 2.	23	31	
¥2	24. Iowa lump sum tax. Attach federal Schedule 4972.			
E 2	25. Iowa minimum tax. Attach IA 6251.			
	26. Tax before credits. Add lines 23 through 25.			31
	27. Personal exemption credit. This is a nonrefundable credit.		40.00	
Ξ	 Out-of-state tax credit or nonresident credit. Attach copy of out-of-state return Schedule IA 130 or IA 1041 Schedule C. 			
<u> </u>	29. Motor fuel tax credit. Attach Schedule IA 4136.			
3	30. Other credits. Attach IA 148 Tax Credits Schedule.			40
3	31. Total credits. Add lines 27 through 30.		<u> 31</u>	<u> </u>
Щ ³	 32. Tax liability. Subtract line 31 from 26. 33. Tax paid with additional Iowa Fiduciary Income Tax Payment Voucher 	,,	32	
	33. Tax paid with additional lowar iducary income fax Payment voucher	· · · · · · · · · · · · · · · · · · ·		_
×3	35. Amount due. If line 33 is less than line 32, enter the difference.	. ,		
Ĩ	Mail to: Fiduciary Return Processing, Iowa Department of Revenue, PC			A
 ш ^р	DECLARATION: The undersigned hereby certifies and declares that this return, and any schedules or par knowledge and belief of the undersigned, it is a true, correct, and complete return for the taxable year as r rules and regulations issued under authority thereof. Note: State tax information may be disclosed to tax or			it
	knowledge and belief of the undersigned, it is a true, correct, and complete return for the taxable year as r rules and regulations issued under authority thereof. Note: State tax information may be disclosed to tax o administrative purposes.	officials of another state or of the United State	tes for tax	
Ξŝ	Signature of fiduciary or officer representing fiduciary			Date
ND s	Signature of preparer other than fiduciary Preparer's ID No. Address	540 NORTH MAIN AVENUE		Date
ື	RICHARD K RIKKERS CPA 42-1277139	SIOUX CENTER, IA 51250-1	824 BRUNS	04/05/12 TING003602 63-001a (11/16/11)
CS			-	63-001a (11/16/11)

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ELMER H	BRUNSTING DECEDENTS TR	DTD 27-64	53100 Fic	luciarv Schedu	iles A, B, D, and E
· · · · · · · · · · · · · · · · · · ·	A - Background Information: Answer	and and a second se			
	· · · · · · · · · · · · · · · · · · ·			edent's death:	
	t's business or occupation:		- 4. Decedent's		
	cedent's final return filed? Yes No			cedent create trust?	Yes No
7. Did dece	dent file IOWA return(s) up to the date of death	? Yes No If		tement or examine	
	cedent's name and address:				
	Social Security No. of decedent's spouse, if any:		,		
	ne(s) of executor(s):			· · · · · · · · · · · · · · · · · · ·	
	e(s) and amount(s) of executor's fees paid to ex				
	ral audit been made on prior returns of deceder		Lanara harmoni	an audit now in the pro	cess? Yes X No
	penses of administration or selling expenses bee				
	is fiduciary withhold on income distributions mad		•	XNo	
15. Does the	estate/trust elect to recognize the gain or loss of	on a distribution of prope	ty under section IRC 6	43(d)(e)? Yes	XNo
Schedule	B - Beneficiaries' Shares of Income	and Credits: Attach	additional pages as neces	sary. In lieu of Sch. B, attac	ch federal Sch. K-1.
		Beneficiary A	Beneficiary B	Beneficiary C	TOTALS
1. Names o	f each beneficiary 1.	SEE SCHEDU	LE K-1 EQUI	VALENT (S)	
2. Social Se	curity Number 2.				
3. Address	3.				7
4. lowa resi	dent (Yes/No) 4.				7
5. Net short	-term capital gain 5.				
6. Net long-	term capital gain (100%) 6.				
7. Deprecia	tion and depletion 7.				
8. Ordinary	income subject to Iowa income tax 8.				41,155
	ot subject to lowa income tax 9.				
	eductions 10.				
REGARD	NING IOWA NONRESIDENT INCOME				
11. Iowa inco	me tax withheld, if any 11.				
	ng agent's identification number 12.				
Schedule	D - Explanation of Expenses				1
Line No.		Explanation			Amount
11	TAX EXPENSE - STMT 1				8,875
		······			
Schedule	E - Tax Rates				
	Taxable Income		Of Ex	cess	
	Over But Not Over	#0 00 /	Tax Rate	Over	
	\$0 \$1,439 \$1,439 \$2,878	\$0.00 + \$5.18 +	(0.36% x (0.72% x \$1	\$0) ,439)	
	\$2,878 \$5,756	\$15.54 +	(2.43% x \$2	2,878)	
	\$5,756 \$12,951	\$85.48 +		5,756)	
	\$12,951 \$21,585 \$21,585 \$28,780	\$409.26 + \$937.66 +		2,951) (,585)	
	\$28,780 \$43,170	\$1,403.90 +	(6.80% x \$28	3,780)	
	\$43,170 \$64,755	\$2,382.42 +		8,170)	
	\$64,755 over	\$4,091.95 +	(8.98% x \$64	,755)	
					63-001b (09/21/11)

Iowa Department of Revenue

www.iowa.gov/tax

2011 IA 1041 Schedule C Computation of Nonresident's Tax Credit

Nam	e of Estate or Trust		Federal Identi	Сору
EL	MER H BRUNSTING DECEDENTS TR DTD		27-6453100	_
4 -	1-09 AS EST UTD 10-10-96		Column B	Column A
		A	Il Source (from IA 1041)	Iowa Source
1.	Ordinary dividend income	1.	8,092	· · · · · · · · · · · · · · · · · · ·
2.	Taxable interest income	2.		
3.	Income from partnerships and other fiduciaries	3.		
4.	Net rents and royalties		41,938	41,938
5.	Net business and farm income (loss)	5.		
6.	Net gain (loss) from capital assets		3,508	
7.	Ordinary gains (losses) from federal form 4797		****	
8.	Other income	8.		
9.	Total income	9.	53,538	41,938
10.	Distribution to beneficiaries	10.	41,155	34,498
11.	Undistributed Net income (subtract line 10 from line 9)	11.	12,383	7,440
12.	lowa income percentage: divide column A of line 11 by column B of line 11 and			
	enter percentage rounded to the nearest tenth of a percent.			
	This can be no more than 100.0% and no less than 0.0%	12.		60.1
13.	Nonresidential credit percentage (subtract line 12 from 100.0%)	13.		39.9
14.	Iowa tax on total income from line 23, IA 1041	14.		31
15.	Personal exemption credit from line 27, IA 1041			\$ 40.00
16.	Tax after credits (subtract line 15 from line 14)			
17.	Nonresident tax credit (multiply line 16 by line 13 and enter on line 28, IA 1041)	17.		· · · · · · · · · · · · · · · · · · ·

Income should be reported using the criteria in the instructions to Form IA 126.

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Form	2011						
		For calendar year 2011, or tax year begi	nning	, and			
Name	of trust					Amended K-1	
EL	MER H BRUN	STING DECEDENTS TR DTI)				
4 -	1-09 AS ES	T UTD 10-10-96	Client Copynai K-1				
Benefi	iciary's identifying	number ▶ 481-30-4685		Estate's or trust's EIN	▶ 27-6453100		
	ciary's name, addres			Fiduciary's name, addres			
			ANITA BRUNS	TING			
NE	LVA BRUNST	ING		TRUSTEE			
13630 PINEROCK LN 2003 BLOOMINGDALE CIR							
HOUSTON TX 77079-5914 VICTORIA TX 77904						04	
	Resident state						
		Enter the following items on the st	ate inc	ome tax return of the abo	ve named individual.		
<u>1 I</u>	Beneficiary's Share	of Federal Taxable Income	1	50,030	This data presented for informa	tion only	
I	ncome						
2	Interest		. 2		Schedule B, Part I or IA 126, lin	e 2	
3	Ordinary dividends	,	. 3		Schedule B, Part II or IA 126, lin	1e 3	
4 a	Net short-term cap	ital gains	. 4 a		Form IA 1040, line 6 or IA 126,	line 6	
b	Net long-term capit	al gains	, b		Form IA 1040, line 6 or IA 126,	line 6	
5	Business / Nonpas	sive					
а	Income	,,.,.,.,.,.,.,.,.,.,.,.,.,.,.,.,.,.,.,	.5a		7		
b					Net amount to: Form IA	1040, line 10 or	
C					Form IA	126, line 10	
d							
6	Rental and Passive	•					
а	Income		,6а	34,498	7		
b					Net amount to: Form IA	1040, line 10 or	
с					Form IA	126, line 10	
d	· · · · ·						
7 1	Distributions in the	Final Year of Estate / Trust					
а	Excess deductions	on termination	7 a		Schedule A, line 21		
b		oss carryover			Form IA 1040, line 6 or IA 126,	line 6	
c		oss carryover			Form IA 1040, line 6 or IA 126,	line 6	
d		(NOL) carryover			Form IA 1040, line 14 or IA 126	, line 14	
8 1	Tax Preference Iter						
а	Accelerated depred	ziation	8 a		Form IA 6251		
b	— • • •		.		Form IA 6251		
с	• • • • • • • • • • • • • • • • • • • •				Form IA 6251		
d	Exclusion items		d	· · · · · · · · · · · · · · · · · · ·	Form IA 8801		
9 (Other Items						
а	Tax-exempt interes	st	9 a		This data presented for informa	tion only	
b	Estate tax deduction	n	b		This data presented for informa	tion only	
C					This data presented for informa	tion only	

Additional Information:

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9706 ELMER H BRUNSTING DECEDENTS TR DTD 27-6453100 Iowa Statements FYE: 12/31/2011

Statement 1 - Form IA 1041, Page 2, Schedule D - Taxesient Copy

Description	Amount
PAGE 1 - TAX EXPENSE	\$0
FEDERAL TAXES PAID	8,875
TOTAL IOWA TAX EXPENSE	\$8,875

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Form	<i>*</i> -		the Treasury—Internal	ne Tax Retu						_	11	ОМЕ	No. 1545-0092	
A	Check	all that	t apply:	For calendar ye	ar 2011 or fisca	ıl year beginning	1	2/31/11 , and			L/12			
Π	Jecede	ent's e	state			e trust, see the instruc			C		ployer ider			
		BRUNSTING IRREVOCABLE LIFE							76	<u>5-612</u>	:419	5		
H	•	INSURANCE TRUST								e entity crea				
			bility trust	Name and title of fiduciary							ent/		py	
			ion only)	ANITA BRUNSTING E							exempt cha		•	
		r type		TRUSTEE							interest trusts, check applicable box(es), see instructions.			
			state-Ch. 7	Number, street, and room or suite no. (If a P.O. box, see the instructions.)										
		-	state-Ch. 11	2003 BLC		TR CIK			L				7(a)(1). Check here	
			ne fund	City or town, state, a		203	, ,	7004	l r				ion 🚬 🕨 [
B	Nar	hor of	Schedules K-1	VICTORIA F Check		TX TX		7904		1	scribed in s			
0	attac	ched (s	see	applicable		X Final return	H	Amended return			ange in tru			
~		uction		boxes:	Change in fiduo		┝┥	Change in fiduciary's name		Ch	lange in fid	uclary's a	ddress	<u> </u>
<u>G</u>	_		the estate or filing trust	made a section 645 ele	ction	<u></u>							16	
			Interest income										<u>10</u>	/
		2a	I otal ordinary divid	lends		• , , ,		····	•••••		2a		<u></u>	
								Estate or trust						
ဓ		3	Business income c	r (loss). Attach Sc	inedule C or C-	=Z (Form 1040)	• • • • •			• • • • •	3			
5		4	Capital gain or (los	s). Attach Schedu	le D (Form 104	1)					4			
Income								ule E (Form 1040)			5			
-		6	Farm income or (Ic	iss). Attach Sched	ule F (Form 10	40)					6			
							••••	. ,			7			
			Other income. List								8		1.0	
	-										9		16	
	1		Interest. Check if F		· _			· <i>· · · · ·</i> · · · · · · · · · · · · ·			10			
	1	-						<i></i>			11			
		2	Fiduciary fees					,			12			
	1	3	Charitable deduction	on (from Schedule	A, line 7)	• • • • • • • • • • • • • • • • • •				• • • • •	13			
ω υ		4	Attorney, accounta	int, and return prep	barer fees		<i>.</i>		• • • • • • • • • • • • • • • • • • • •		14			
5	1	5a	Other deductions r	not subject to the 2	2% floor (attach	schedule)		, . , . , ,			15a			
Cti											15b			
eductions			•	-							16			
å	1		Adjusted total income							167	1	<u></u>	1.0	<u></u>
		8	Income distribution deduct	don (from Sch. B, line 15).	. Attach Schedules K	1 (Form 1041)			· · · · · · · · · · · · · · · · · · ·		18		16	
	1)			19			~
	2										20		10	
	2	<u>1</u>	Add lines 18 throug	<u>3n 20</u>		<u></u>	• • • • • • •	<u></u>			21 22		<u> 26</u> ~10	
	2		Total tax (from Sc								23			0
	2					mount applied for		10 return	• • • • • • • • • • • • • • • •		24a			~
Ś											24a 24b			
Payments			Subtract line 24b fr								240 24c			_
Ē											240 24d			
ay		d	Federal income tax	17004 (See insulu	from Form(a)	1000 obook 🔊	· · · F	r			240 24e			
5] 			24e			
an	2	-	Total payments.	Add lines 2455			AU 41	36			25			
Tax and	2		Estimated tax pena								26			
Ë	2		Tax due. If line 25	• •				nt awad			27			
	2		Overpayment. If li					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	·····		28			
	1 2	0	Amount of line 20 t	in hai a Cradita	d to 2012 onti-	motod tay			b Refunde	 д Ъ	20			
<u></u>		Under p	conduct of nine 20 t	re that I have examined t	his return, including a	ccompanying schedule	es and s	statements, and to the best of m reparer has any knowledge.	ny knowledge and	belief, i	t is		ne IRS discuss this	·····
Sig		rue, co	mect, and complete. Decia	iration of preparer (other t	inan taxpayer) is bási	to on all information of	which p	9//2					with the preparer below (see instr.)?	
He	re		ignature of fiduciary or o	ficer representing figur	iarv	k	Date		fiduciary if a fina	ncial ins	stitution		X Yes No	,
******	Ť		Type preparer's name			eparer's signature		THE TAKE	Date		Check	<u>н</u>	PTIN	
Paid			ARD K RIKKERS	CPA		CHARD K RIKKE	RS C	PA	04/05	5/12		h	P00144154	
Prep	r			ROESE & K	A					T	i's EIN		-1277139	
Use () Dniy			40 NORTH I						1				
		Firm's	s address 🕨 S.	IOUX CENT	ER, IA	51250-18	824			Pho	ne no.	712-	-722-3375	5

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Form	1041 (2011) BRUNSTING IRREVOCABLE LIFE	76-61241	95	Page 2
Sc	hedule A Charitable Deduction. Do not complete for a simple to	rust or a pooled ir	ncome fund.	
1	Amounts paid or permanently set aside for charitable purposes from gross income (see			
2	Tax-exempt income allocable to charitable contributions (see instructions)		2	
3	Subtract line 2 from line 1			
4	Capital gains for the tax year allocated to corpus and paid or permanently set aside for	charitable purposes	Client Co	py
5	Add lines 3 and 4			
6	Section 1202 exclusion allocable to capital gains paid or permanently set aside for chart			
	purposes (see instructions)			
7	Charitable deduction. Subtract line 6 from line 5. Enter here and on page 1, line 13			
<u> </u>	hedule B Income Distribution Deduction		· · · · · · · · · · · · · · · · · · ·	
1	Adjusted total income (see instructions)			167
2	Adjusted tax-exempt interest			
3	Total net gain from Schedule D (Form 1041), line 15, column (1) (see instructions)			0
4	Enter amount from Schedule A, line 4 (minus any allocable section 1202 exclusion)			
5	Capital gains for the tax year included on Schedule A, line 1 (see instructions)			0
6	Enter any gain from page 1, line 4, as a negative number. If page 1, line 4, is a loss, ent			
-	as a positive number	• • • • • • • • • • • • • • • • • • • •		······
7	Distributable net income.Combine lines 1 through 6. If zero			167
	or less, enter -0-			167
8	If a complex trust, enter accounting income for the tax year as	0	167	
9	determined under the governing instrument and applicable local law		a concernance of the second se	167
9 10	Income required to be distributed currently		10	0
11	Total distributions. Add lines 9 and 10. If greater than line 8, see instructions		11	167
12	Enter the amount of tax-exempt income included on line 11		12	<u> </u>
13	Tentative income distribution deduction. Subtract line 12 from line 11		13	167
14	Tentative income distribution deduction. Subtract line 2 from line 7. If zero or less, enter	·	14	167
15	Income distribution deduction. Enter the smaller of line 13 or line 14 here and on page			167
2000000000	hedule G Tax Computation (see instructions)			
1	Tax: a Tax on taxable income (see instructions)	1a		
	b Tax on lump-sum distributions. Attach Form 4972	1b		
	c Alternative minimum tax (from Schedule I (Form 1041), line 56)		0	
	d Total. Add lines 1a through 1c		▶ 1d	0
2a	Foreign tax credit. Attach Form 1116			
b	General business credit. Attach Form 3800	2b		
С	Credit for prior year minimum tax. Attach Form 8801	2c		
d	Bond credits. Attach Form 8912			
3	Total credits. Add lines 2a through 2d		▶ 3	0
4	Subtract line 3 from line 1d. If zero or less, enter -0-		4	0
5	Recapture taxes. Check if from:			
6	Household employment taxes. Attach Schedule H (Form 1040)		6	
7	Total tax. Add lines 4 through 6.			
	Enter here and on page 1, line 23		• 7	0
	Other Information	· · · · · · · · · · · · · · · · · · ·		Yes No
1	Did the estate or trust receive tax-exempt income? If "Yes," attach a computation of the			
-	Enter the amount of tax-exempt interest income and exempt-interest dividends > \$			
2	Did the estate or trust receive all or any part of the earnings (salary, wages, and other ca			
	individual by reason of a contract assignment or similar arrangement?			X
3	At any time during calendar year 2011, did the estate or trust have an interest in or a sig			
	over a bank, securities, or other financial account in a foreign country?			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Ye			
4	foreign country			
4	During the tax year, did the estate or trust receive a distribution from, or was it the grant			
5	foreign trust? If "Yes," the estate or trust may have to file Form 3520. See instructions Did the estate or trust receive, or pay, any qualified residence interest on seller-provided financing? If the instructions for required attachment	"Yes," see		X
	the instructions for required attachment If this is an estate or a complex trust making the section 663(b) election, check here (see	o instructiona)		
6 7	In this is an estate of a complex trust making the section $003(D)$ election, check here (set To make a section $643(a)(3)$ election attack basis	e insulucions)		H
8	To make a section 643(e)(3) election, attach Schedule D (Form 1041), and check here (If the decedent's estate has been open for more than 2 years, attach an explanation for the delay in c	losing the	·····	H
9	estate, and check here			

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SCHEDULE	I
(Form 1041)	

Alternative Minimum Tax—Estates and Trusts

OMB No. 1545-0092

Attach to Form 1041. See the separate instructions for Schedule I (Form 1041).

2011

	of estate or trust	Employer identification numb	ier 1
		Client Copy	/
1000000000		76-6124195	
	Estate's or Trust's Share of Alternative Minimum Taxable Income		
1	Adjusted total income or (loss) (from Form 1041, line 17)		167
2			
3	Taxes	3	······
4	Miscellaneous itemized deductions (from Form 1041, line 15b)	1	
5	Refund of taxes	<u>5 (</u>)
6	Depletion (difference between regular tax and AMT)	6	
7	Net operating loss deduction. Enter as a positive amount	/ 8	
8 9	Interest from specified private activity bonds exempt from the regular tax	9	· · · · ·
9 10	Qualified small business stock (see instructions) Exercise of incentive stock options (excess of AMT income over regular tax income)	3	
11	Other estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)		
12	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)		
13	Disposition of property (difference between AMT and regular tax gain or loss)		
14	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)		
15	Passive activities (difference between AMT and regular tax income or loss)		
16	Loss limitations (difference between AMT and regular tax income or loss)	16	
17	Circulation costs (difference between regular tax and AMT)	17	
18	Long-term contracts (difference between AMT and regular tax income)	18	
19	Mining costs (difference between regular tax and AMT)	19	
20	Research and experimental costs (difference between regular tax and AMT)	20	
21	Income from certain installment sales before January 1, 1987	21 ()
22	Intangible drilling costs preference	0.00	
23	Other adjustments, including income-based related adjustments		
24	Alternative tax net operating loss deduction (See the instructions for the limitation that applies.)	24 ()
25	Adjusted alternative minimum taxable income. Combine lines 1 through 24	25	167
	Note: Complete Part II below before going to line 26.		
26		167	
27	Estate tax deduction (from Form 1041, line 19) 27		
28	Add lines 26 and 27		167
29	Estate's or trust's share of alternative minimum taxable income. Subtract line 28 from line 25	29	
	If line 29 is:		
	 \$22,500 or less, stop here and enter -0- on Form 1041, Schedule G, line 1c. The estate or 		
	trust is not liable for the alternative minimum tax.		
	 Over \$22,500, but less than \$165,000, go to line 45. 		
	\$165,000 or more, enter the amount from line 29 on line 51 and go to line 52.		
	Income Distribution Deduction on a Minimum Tax Basis		167
30	Adjusted alternative minimum taxable income (see instructions)		167
31	Adjusted tax-exempt interest (other than amounts included on line 8)	31	
32	Total net gain from Schedule D (Form 1041), line 15, column (1). If a loss, enter -0- Capital gains for the tax year allocated to corpus and paid or permanently set aside for charitable	32	
33	autoreas (from Form 1044, Schodule A line 4)	33	
34	purposes (from Form 1041, Schedule A, line 4) Capital gains paid or permanently set aside for charitable purposes from gross income (see instructions)	· · · · Francisco de la companya de la comp	
35 36	Capital gains computed on a minimum tax basis included on line 25 Capital losses computed on a minimum tax basis included on line 25. Enter as a positive amount)
37	Distributable net alternative minimum taxable income (DNAMTI). Combine lines 30 through 36. If zero or less, enter -0-		167
38	Income required to be distributed currently (from Form 1041, Schedule B, line 9)		167
39	Other amounts paid, credited, or otherwise required to be distributed (from Form 1041, Schedule B, line 3)		
40		40	167
41	Tax-exempt income included on line 40 (other than amounts included on line 8)		

Schedule I (Form 1041) (2011)

42

167

42 Tentative income distribution deduction on a minimum tax basis. Subtract line 41 from line 40

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Department of the Treasury

Internal Revenue Servic	e
Name of estate or trust	

of estate or trust		
RUNSTING	IRREVOCABLE	LIF
NSURANCE	TRUST	

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Schee	dule I (Form 1041) (2011) BRUNSTING IRREVOCABLE LIFE		76-6124195	;		Page 2
Pa	Income Distribution Deduction on a Minimum Tax Basis (c	continu				
43	Tentative income distribution deduction on a minimum tax basis. Subtract line 31 from line		<u> </u>	T		
	If many and have a sector of a			43		167
44	In zero or less, enter -0- Income distribution deduction on a minimum tax basisEnter the smaller of line 42 o				· · · · · · · · · · · · · · · · · · ·	
-4-4				nt	Copy	167
	Enter here and on line 26 In III Alternative Minimum Tax		<u></u>	PTL	<u>oopy</u>	<u> </u>
<u>eccences</u>				40		22 500
45	Exemption amount	1 1		45		22,500
46	Enter the amount from line 29	46				
47	Phase-out of exemption amount	47	75,000			
48	Subtract line 47 from line 46. If zero or less, enter -0-					
49	Multiply line 48 by 25% (.25)			49	·····	
50	Subtract line 49 from line 45. If zero or less, enter -0-			50		
51	Subtract line 50 from line 46			51		
52	Go to Part IV of Schedule I to figure line 52 if the estate or trust has qualified dividends or	has a				
	gain on lines 14a and 15 of column (2) of Schedule D (Form 1041) (as refigured for the Al	MT, if				
	necessary). Otherwise, if line 51 is-					
	 \$175,000 or less, multiply line 51 by 26% (.26). 					
	 Over \$175,000, multiply line 51 by 28% (.28) and subtract \$3,500 from the result 			52		
52				53		
53	Alternative minimum foreign tax credit (see instructions)			53 54		
54	Tentative minimum tax. Subtract line 53 from line 52		· · · · · · · · · · · · · · · · · · ·	55		
55	Enter the tax from Form 1041, Schedule G, line 1a (minus any foreign tax credit from Sch		· · · · · · · · · · · · · · · · · · ·	55		
56	Alternative minimum tax.Subtract line 55 from line 54. If zero or less, enter -0 Enter he	ere and	on Form 1041,			
	Schedule G, line 1c			56		
	It IV Line 52 Computation Using Maximum Capital Gains Rates			r		
	Caution: If you did not complete Part V of Schedule D (Form 1041), the Schedule D Tax	Workst	neet,			
	or the Qualified Dividends Tax Worksheet, see the instructions before completing this part	t.				
57	Enter the amount from line 51			57		
58	Enter the amount from Schedule D (Form 1041), line 22, line 13 of the					
	Schedule D Tax Worksheet, or line 4 of the Qualified Dividends Tax					
	Worksheet, whichever applies (as refigured for the AMT, if necessary)	58				
59	Enter the amount from Schedule D (Form 1041), line 14b, column (2) (as					
	refigured for the AMT, if necessary). If you did not complete Schedule D					
	for the regular tax or the AMT, enter -0-	59				
60	If you did not complete a Schedule D Tax Worksheet for the regular tax					
00	• •					
	or the AMT, enter the amount from line 58. Otherwise, add lines 58 and					
	59 and enter the smaller of that result or the amount from line 10 of the					
	Schedule D Tax Worksheet (as refigured for the AMT, if necessary)					
61	Enter the smaller of line 57 or line 60		· · · · · · · · · · · · · · · · · · ·	61		·
62	Subtract line 61 from line 57			62		
63	If line 62 is \$175,000 or less, multiply line 62 by 26% (.26). Otherwise, multiply line 62 by 2					
	(.28) and subtract \$3,500 from the result			63		
64	Maximum amount subject to the 0% rate	64	2,300			
65	Enter the amount from line 23 of Schedule D (Form 1041), line 14 of the					
	Schedule D Tax Worksheet, or line 5 of the Qualified Dividends Tax					
	Worksheet in the Instructions for Form 1041, whichever applies (as					
	figured for the regular tax). If you did not complete Schedule D or either					
	worksheet for the regular tax, enter -0-	65				
66	Subtract line 65 from line 64. If zero or less, enter -0-	66				
67	Enter the smaller of line 57 or line 58	67				
	Enter the smaller of line 66 or line 67					
68 60	Enter the smaller of line 66 or line 67	69				
69 70	Subtract line 68 from line 67	09		~~~~		
70	Multiply line 69 by 15% (.15) If line 59 is zero or blank, skip lines 71 and 72 and go to line 73. Otherwise, go to	line 74	🟲 📘	70	<u> </u>	<u> </u>
		1 1	•			
71	Subtract line 67 from line 61					
72	Multiply line 71 by 25% (.25)			72		
73	Add lines 63, 70, and 72			73		
74	If line 57 is \$175,000 or less, multiply line 57 by 26% (.26). Otherwise, multiply line 57 by 2	28% (.2	8)	1		
	and subtract \$3,500 from the result			74		
75	Enter the smaller of line 73 or line 74 here and on line 52			75		

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: · ·		X	Final K-1	Amended K-1		СМВ No. 1545-0092
Schedule K-1 (Form 1041)	2011	P				Current Year Income, d Other Items
Department of the Treasury Internal Revenue Service	For calendar year 2011, or tax year beginning $12/31/2011$.	1	Interest income	34	11	Final year deductions
	and ending $03/31/2012$	2a	Ordinary dividends	<u> </u>	Cl	ient Copy
	of Income, Deductions,	2b	Qualified dividends			
Credits, etc.	See back of form and instructions.	3	Net short-term capital gain			
Part I Information A Estate's or trust's employer identification	About the Estate or Trust	4a	Net long-term capital gain			
76-6124195		45	28% rate gain		12	Alternative minimum tax adjustment
B Estate's or trust's name		46	Unrecaptured section 1250	gain		
BRUNSTING IRRE	WOCABLE LIFE		Other portfolio and			
INSURANCE TRUS	<u>Т</u>		nonbusiness income			
		6	Ordinary business income			
ANITA BRUNSTIN TRUSTEE		7	Net rental real estate incom			
2003 BLOOMINGD VICTORIA	ALE CIR TX 77904	8	Other rental income		13	Credits and credit recapture
		9	Directly apportioned deduc	tions		
D Check if Form 1041-T was filed	and opter the date it was filed]				
			-		14 E *	Other information 34 STMT
E X Check if this is the final Form 10	41 for the estate or trust					<u> </u>
		10	Estate tax deduction			***************************************
Part II Information F Beneficiary's identifying number	About the Beneficiary			ŀ		
509-56-6240		_		-	_	
G Beneficiary's name, address, city, sta	te, and ZIP code					
CANDY CURTIS						
1215 ULIFINIAN MARTINEZ	CA 94553		e attached statemer			
		ber dec	te. A statement must heficiary's share of in luctions from each b	come and c	direct	tly apportioned
			er rental activity.			
		For IRS Use Only				
H X Domestic beneficiary	Foreign beneficiary					Schedule K-1 (Form 1041) 2011

9834X2012

		X	Final K-1	Amended K-1		ЬЬЪЪЪЪ ОМВ No. 1545-0092
Schedule K-1 (Form 1041)	2011	(S)	art III Beneficiar			Current Year Income, d Other Items
Department of the Treasury Internal Revenue Service	For calendar year 2011, or tax year beginning $12/31/2011$,	1	Interest income	34	11	Final year deductions
	or tax year beginning $12/31/2011$, and ending $03/31/2012$	2a	Ordinary dividends	<u>, </u>	Cl	ient Copy
Beneficiary's Share of Credits, etc.	of Income, Deductions, See back of form and instructions.	26	Qualified dividends			-
·	About the Estate or Trust	3	Net short-term capital gain			
A Estate's or trust's employer identificati		4a	Net long-term capital gain		•	
76-6124195		4b	28% rate gain		12	Alternative minimum tax adjustment
B Estate's or trust's name		4c	Unrecaptured section 1250 g	ain		
BRUNSTING IRRE INSURANCE TRUS	<u>T</u>	5	Other portfolio and nonbusiness income			
C Fiduciary's name, address, city, state,		6	Ordinary business income			
ANITA BRUNSTIN TRUSTEE	- 	7	Net rental real estate income	3		
2003 BLOOMINGD VICTORIA	ALE CIR TX 77904		Other rental income		13	Credits and credit recapture
		9	Directly apportioned deduction	ons		
D Check if Form 1041-T was filed a	and enter the date it was filed					
					14 13 +	Other information
E X Check if this is the final Form 10	41 for the estate or trust				<u>E *</u>	<u>34 STMT</u>
		10	Estate tax deduction			
	About the Beneficiary					· · · · · · · · · · · · · · · · · · ·
F Beneficiary's identifying number 509-56-6228						
G Beneficiary's name, address, city, stat	e, and ZIP code]				
CAROLE BRUNSTI 5822 JASON	NG	*\$6	e attached statement	t for additio		nformation
HOUSTON	TX 77074		te. A statement must			
			neficiary's share of inc luctions from each bu			
			er rental activity.	20110000, 10	man	
		In the intervention of				NYE 204, DIVE DIVE DVE BERGEN NUR KANALAR AND DIVE DVE BERGEN
		For IRS Use Only	waante ant is a tart dan tsan making		,	n rev zinn unnya kan neinen kiitan taan t
		RS Us				
H X Domestic beneficiary	Foreign beneficiary	For IF				
For Paperwork Reduction Act	Notice, see the Instructions for Form 104	1				Schedule K-1 (Form 1041) 2011

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For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

9834X2012

		X	Final K-1 Amended K-		ЬЬЪЪ ОМВ №. 1545-00	
Schedule K-1 (Form 1041)	2011	P	art III Beneficiary's Shar Deductions, Credi		Current Year Income, nd Other Items	
Department of the Treasury Internal Revenue Service	For calendar year 2011,	1	Interest income 33	11	Final year deductions	
	or tax year beginning $12/31/2011$, and ending $03/31/2012$	2a	Ordinary dividends	C	ient Copy	
	re of Income, Deductions,	26	Qualified dividends	1		
Credits, etc.	See back of form and instructions. ion About the Estate or Trust	3	Net short-term capital gain			
A Estate's or trust's employer ide		4a	Net long-term capital gain		······································	
76-6124195		4b	28% rate gain	12	Alternative minimum tax adjustment	
B Estate's or trust's name		4c	Unrecaptured section 1250 gain			
BRUNSTING II INSURANCE TI	RREVOCABLE LIFE RUST	5	Other portfolio and nonbusiness income			
C Fiduciary's name, address, city		6	Ordinary business income			
ANITA BRUNST TRUSTEE	TING	7	Net rental real estate income			
2003 BLOOMII VICTORIA	NGDALE CIR TX 77904	8	Other rental income	13	Credits and credit recapture	
		9	Directly apportioned deductions			
D Check if Form 1041-T wa	is filed and enter the date it was filed			-		
				14 E *	Other information 33 ST	
E X Check if this is the final F	orm 1041 for the estate or trust	10	Estate tax deduction			
Part II Informat	ion About the Beneficiary		[
F Beneficiary's identifying number 509-56-6234	er					
G Beneficiary's name, address, o	ity, state, and ZIP code	-				
CARL BRUNST	TNG					
5629 FLACK		*Se	e attached statement for addit	ional	information.	
HOUSTON	TX 77081	Note. A statement must be attached showing the				
		beneficiary's share of income and directly apportioned deductions from each business, rental real estate, and				
		oth	er rental activity.			
		For IRS Use Only				
H X Domestic beneficiary	Foreign beneficiary	For IR				
For Paperwork Reduction	Act Notice, see the Instructions for Form 104	1			Schedule K-1 (Form 1041)	

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

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		Х	Final K-1	Amended K-1	l	OMB No. 1545-009
Schedule K-1 (Form 1041)	2011	P				Current Year Income, Id Other Items
Department of the Treasury Internal Revenue Service	For calendar year 2011, or tax year beginning $12/31/2011$,	1	Interest income	33	11	Final year deductions
	and ending 03/31/2012	2a	Ordinary dividends			ient Copy
Beneficiary's Sha Credits, etc.	re of Income, Deductions, See back of form and instructions.	2Ь	Qualified dividends			
Part I Informat	ion About the Estate or Trust	3	Net short-term capital	gain		
A Estate's or trust's employer ider	uffication number	4 a	Net long-term capital	gain		
76-6124195 B Estate's or trust's name		4b	28% rate gain		12	Alternative minimum tax adjustment
		4c	Unrecaptured section	1250 gain		
INSURANCE TR		5	Other portfolio and nonbusiness income			· · · · · · · · · · · · · · · · · · ·
C Fiduciary's name, address, city,		6	Ordinary business inc	ome		
ANITA BRUNST TRUSTEE		7	Net rental real estate	income		
2003 BLOOMIN VICTORIA	TX 77904	8	Other rental income		13	Credits and credit recapture
,		9	Directly apportioned of	leductions		· · · ·
D Check if Form 1041-T was	s filed and enter the date it was filed				14	
E X Check if this is the final Fo					E *	Other information 33 STN
E X Check if this is the final Fo	rm 1041 for the estate or trust	10	Estate tax deduction			
	ion About the Beneficiary		1			
F Beneficiary's identifying number 456-25-5947	r 					
G Beneficiary's name, address, ci	ty, state, and ZIP code					
AMY BRUNSTIN	IG					
2582 COUNTRY NEW FRAUNFEI	LEDGE DR S TX 78132-4109		e attached state			
			te. A statement r neficiary's share			
		dec	fuctions from each	ch business, re		÷ · ·
N		Vin				
) Use (
H X Domestic beneficiary	Foreign beneficiary	For IRS Use Only				
For Paperwork Reduction	Act Notice, see the Instructions for Form 104	1 1.				Schedule K-1 (Form 1041) 2

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

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		X	Final K-1	Amended K-1		<mark>ЬЬЪЪ</mark> ОМВ №. 1545-00
Schedule K-1 (Form 1041)	2011	Pa	urt III	Beneficiary's Share Deductions, Credit		Current Year Income, Id Other Items
Department of the Treasury Internal Revenue Service	For calendar year 2011,	1	Interest i		11	Final year deductions
	or tax year beginning $12/31/2011$, and ending $03/31/2012$	2a	Ordinary	dividends	CI	ient Copy
Beneficiary's Sha	are of Income, Deductions,	2b	Qualified	dividends		
Credits, etc.	See back of form and instructions. tion About the Estate or Trust	3	Net short	-term capital gain		
A Estate's or trust's employer id	***************************************	4a	Net long-	term capital gain		
76-6124195		4b	28% rate	gain	12	Alternative minimum tax adjustment
B Estate's or trust's name		4c	Unrecapt	ured section 1250 gain		
BRUNSTING I INSURANCE T	RREVOCABLE LIFE RUST	5		tfolio and ess income		
C Fiduciary's name, address, cit		6	Ordinary	business income		
ANITA BRUNS TRUSTEE		7	Net renta	I real estate income		
2003 BLOOMI VICTORIA	TX 77904	8	Other rer	ntal income	13	Credits and credit recapture
	· · · · · · · · · · · · · · · · · · ·	9	Directly a	pportioned deductions		
D Check if Form 1041-T w	as filed and enter the date it was filed					
······					14 <u>E *</u>	Other information 33 S
E X Check if this is the final F	Form 1041 for the estate or trust	10	Estate ta	x deduction		
Part II Informa	tion About the Beneficiary					
F Beneficiary's identifying numb 457-25-1860	er					
G Beneficiary's name, address,	city, state, and ZIP code					
ANITA BRUNS	TING					
203 BLOOMIN VICTORIA	GDALE CIRCLE TX 77904			ed statement for additi		
e an er de tratedede	and the set of the set	ben	eficiary	tement must be attache s share of income and	direc	tly apportioned
		1		from each business, re activity.	ental r	eal estate, and
19 m a a a a a a a a a a a a a a a a a a	. ~	For IRS Use Only				
H X Domestic beneficiary	Foreign beneficiary					
or Paperwork Reduction	n Act Notice, see the Instructions for Form 1041	ŧ.				Schedule K-1 (Form 1041)

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Preparer Explanation for Not Filing Electronically OMB No. 1545-2200 Form Attachmen Department of the Treasury Attach to taxpayer's Form 1040, 1040A, 1040EZ, or Form 1041. 173 Sequence No. Internal Revenue Service BRUNSTING IRREVOCABLE LIFE Taxpayer's identifying number Name(s) on tax return Client Goov95 INSURANCE TRUST Three out of four taxpayers now use IRS e-file. Go to www.irs.gov/efile for details on using IRS e-file. The benefits of electronic filing include the following. Faster refunds Secure transmissions E-payment options More accurate returns Easier filing method Receipt acknowledged Check the applicable box to indicate the reason this return is not being filed electronically. Do not check more than one box. X Taxpayer chose to file this return on paper. 1 The preparer received a waiver from the requirement to electronically file the tax return. 2 Waiver Reference Number Approval Letter Date The preparer is a member of a recognized religious group that is conscientiously opposed to filing electronically. 3 This return was rejected by IRS e-file and the reject condition could not be resolved. Number of attempts to resolve reject: Reject code: 5 The preparer's e-file software package does not support Form or Schedule attached to this return. Check the box that applies and provide additional information if requested. 6 The preparer is ineligible to file electronically because IRS e-file does not accept foreign preparers without social security numbers who live and work abroad. The preparer is ineligible to participate in IRS e-file. b Other: Describe below the circumstances that prevented the preparer from filing this return electronically. _____

9834X2012

9834X2012 BRUNSTING IRREVOCABLE LIFE 76-6124195 Federal Statements FYE: 3/31/2012 CANDY CURTIS 509-56-6240 509-56-6240

<u></u>	Schedule	K-1, Box 14, Code	E - Net Inve	stmen	t Income		ent Cop	су
Description Amoun								ınt
INTEREST	INCOME	Description						34
·							·	
							JNSTING003	200

9834X2012 BRUNSTING IRREVOCABLE LIFE 76-6124195 Federal Statements FYE: 3/31/2012 CAROLE BRUNSTING 509-56-6228

Client Copy Schedule K-1, Box 14, Code E - Net Investment Income Information							
	Description	Am	ount				
INTEREST	INCOME	\$	34				

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9834X2012 BRUNSTING IRREVOCABLE LIFE 76-6124195 Federal Statements FYE: 3/31/2012 CARL BRUNSTING 509-56-6234

	Client Copy Schedule K-1, Box 14, Code E - Net Investment Income Information							
	Description	Am	ount					
INTEREST	INCOME	\$	33					

9834X2012 BRUNSTING IRREVOCABLE LIFE 76-6124195 Federal Statements FYE: 3/31/2012 AMY BRUNSTING 456-25-5947

Schedule	K-1, Box 14, Code E - Net Investm	Client Co nent Income Information	ру		
	Amount				
INTEREST INCOME	Description	\$	33		

9834X2012 BRUNSTING IRREVOCABLE LIFE 76-6124195 Federal Statements FYE: 3/31/2012 ANITA BRUNSTING 457-25-1860

	457-25-1860	
		Client Copy
<u>Sc</u>	hedule K-1, Box 14, Code E - Net Investm	ent Income Information
	Description	Amount
NTEREST INCOM	3	\$ 33

Fariha			ual Income		etum	201		AB No. 1			·		rite or staple in this		
For the year Jan. 1-D		2011, or other tax yea					, 2011, end		CEASI		See separate instructions.				
Your first name and in	itial								./11/			Your social security number 481-30-4685			
NELVA E			BRUNST	LING					./ /	<u></u>			cial security number		
If a joint return, spous	e S TIÍST	name and milla	Last name							Cli	ent		<u>opy</u>		
Home address (number 203 BLOC		street). If you have a F		ons.					Apt.	no.	^ '		ure the SSN(s) abov n line 6c are correct		
City, town or post offic			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ss, aiso com	plete spaces bel	ow (see instruction	ons).						idential Election Ca		
VICTORIA			TX	779			-					if filin	k here if you, or your g jointly, want \$3 to g Checking a box belo	go to this	
Foreign country name	1		Foreign province/col	unty				Foreig	n postal code				hange your tax or ref		
Filing Status	1 2			dincomo)		⁴ └	lead of hous ne qualifying hild's name l	person is	h qualifying a child but r	person). (Se tot your dep	e instrut endent,	tions.) enter ti	lf Nis		
	3	-1 -	iy (even if only one ha arately. Enter spouse's		•	f1	Qualifying wid		th depender	at child					
Check only one box.	• _	and full name her		0 0011 0001	•										
<u>.</u>	6a		someone can cla	aim vou a	s a depender	nt. do not ch	eck box 6	а				٦	Boxes checked	1	
Exemptions	b	Spouse									<i>. </i> <i>.</i>	<u>`</u> }	on 6a and 6b No. of children		
•	с	Dependents:									(4) child	✓ if under	on 6c who:		
							pendent's		•••••	ndent's	age for cl	17 qual hild	 did not live with 	 h	
		(1) First name	Last	name		social secu	rity number		relationsh	ир то уоц	tax c (see	instr.)	you due to divorce or separation		
If more than four											_ _		(see instructions)		
dependents, see instructions and		*****									╶┨╶┞	_	Dependents on 6c		
check here												_	not entered above	<u> </u>	
													Add numbers on		
·····	d		exemptions clair								1	1	lines above 🕨		
Income	7 8a	Wages, salaries, tip:	s, etc. Attach Form(s)	W-2				- · · · · · · ·			7 8a		······	463	
	oa b		it. Attach Schedu erest. Do not inc							387		8		-105	
Attach Form(s) W-2 here. Also	9a		nds. Attach Sche	dule Bifr	enuired						9a	8	13.	,239	
attach Forms	b	Qualified divide	nds. Allacit conc			••••••	9b	• • • • • • • •		8,208					
W-2G and 1099-R if tax	10		s, credits, or offse	ets of stat	e and local in	come taxes	. i				10			488	
was withheld.	11	Alimony receive									11				
lf you did not	12	Business incom	e or (loss). Attac								12				
get a W-2,	13	Capital gain or (loss).	Attach Schedule D if re-	quired. If not	required, check he	ne 🕨					13		9,	,756	
see instructions.	14		losses). Attach F	orm 4797	•						14				
	15a	IRA distribution	<i></i>	15a	<u>!</u>	58,792					15b			792	
	16a	Pensions and a		16a			b Taxa			<i>.</i>	16b	-		, 920	
Enclose, but do not attach, any	17		ite, royalties, part								17		41,	, 938	
payment. Also,	18	Farm income or	(loss). Attach So	chedule F				• • • • • • • •			18				
please use	19 20-	Unemployment	compensation			0 642	5 Toyo	hio amr		• • • • • • • • • •	19 20b		1 7	546	
Form 1040-V.	20a 21	Social security be									200		<u>+/</u> ,	540	
	22	Combine the ar	ist type and amo nounts in the far	right colu	nn for lines 7	through 21	This is vo	ur total	income	•••••	22	1	152,	142	
	23		ISES												
Adjusted	24	Certain busines	s expenses of re	servists, j	performing ar	tists, and									
Gross			nment officials. A				24								
Income	25	Health savings	account deductio	n. Attach	Form 8889		25]				
	26	Moving expense	es. Attach Form 3	3903			26								
	27	Deductible part	of self-employme	ent tax. At	tach Schedu	e SE	27								
	28	Self-employed	SEP, SIMPLE, ar	nd qualifie	d plans										
	29		nealth insurance								-				
	30		y withdrawal of sa								-				
	31a		b Recipient's S	SSN 🕨							-	8			
	32	IRA deduction				·····	32				-				
	33	Student loan int	erest deduction			•••••	. 33				-				
	34 25	Domontio	s. Attach Form 89	aduction	Attach Form	8003	<u>34</u> 35				-				
	35 36		iction activities de				· · · · · · · · · · · · · · · · · · ·				36	8			
	30	Add lines 23 thr	ougn 55								1 30	1			

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Form 1040 (2011)	NEL	VA E BRUNSTING	481-30-4685 Page 2
Tax and	38	Amount from line 37 (adjusted gross income)	38 152,142
Credits	39a	Check X You were born before January 2, 1947, Blind. Total boxes	
0100110		if: { Spouse was born before January 2, 1947, Blind. } checked > 39a	1
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here 39b	
Standard L	40	Itemized deductions(from Schedule A) or your standard deduction(see left margin)	40 110,886
Deduction	41	Subtract line 40 from line 38	ient Copy 41,256
People who	42	Exemptions. Multiply \$3,700 by the number on line 6d	42 3,700
check any	43		27 556
box on line 39a or 39b or	44	Taxable income. Subtract line 42 from line 41, if line 42 is more than line 41, enter -0- Tax (see instr.). Check if any from: a BS14 b form 4972 c e e form 42 is more than line 41, enter -0- form (s) b form 4972 form 4972 e e form 4972	
who can be claimed as a	45	Alternative minimum tax(coo instructions) Attach Form 6251	45
dependent, see		Alternative minimum tax(see instructions). Attach Form 6251	46 4,432
instructions.	46	Add lines 44 and 45	40 1,152
All others:	47	······································	
Single or Married filing	48	Credit for child and dependent care expenses. Attach Form 2441 48	
separately,	49	Education credits from Form 8863, line 23	
\$5,800 Married filing	50	Retirement savings contributions credit. Attach Form 8880 50	
jointly or	51	Child tax credit (see instructions) 51	
Qualifying widow(er),	52	Residential energy credits. Attach Form 5695	
\$11,600	53	Other credits from Form: a 3800 b 8801 c 53	
Head of household,	54	Add lines 47 through 53. These are your total credits	54
\$8,500	55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	55 4,432
Other	56	Self-employment tax. Attach Schedule SE	56
	57	Unreported social security and Medicare tax from Form: a 4137 b 8919	57
Taxes	58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58
	59a	Household employment taxes from Schedule H	59a
	b	First-time homebuyer credit repayment. Attach Form 5405 if required	59b
	60	Other taxes. Enter code(s) from instructions	60
	61	Add lines 55 through 60. This is your total tax	61 4,432
····	62	Federal income tax withheld from Forms W-2 and 1099 62	
Payments		2011 estimated tax payments and amount applied from 2010 return 63 9, 34	ō
If you have a	64a	642	-
qualifying	b	Nontaxable combat pay election 64b	
child, attach	65		
Schedule EIC.		Additional child fax credit. Attach Form 8812	
	66		-
	67	, not and homesujar brock when y bree is a second	
	68		-
	69		
	70		
	71	Credits from Form: a 2439 b 8839 c 8801 d 8885 71	
	72	Add lines 62, 63, 64a, and 65 through 71. These are your total payments	· 72 9,340
Refund	73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid	73 4,908
	74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here	74a 4,908
Direct deposit?	▶ b	Routing number 113000023 C Type: X Checking Savings	
See instructions.	🕨 d	Account number 586027563523	
	75	Amount of line 73 you want applied to your 2012 estimated tax 75	
Amount	76	Amount you owe.Subtract line 72 from line 61. For details on how to pay, see instructions	· 76
You Owe	77	Estimated tax penalty (see instructions) 77	
Third Party	Οο γοι	a want to allow another person to discuss this return with the IRS (see instructions)? X Yes. Comple	ete below. No
•	Designer	e's Personal identification number (PIN)	▶ 84948
Designee	name	RICHARD K RIKKERS CPA Phone no.	▶ 712-722-3375
Sign	Under pe	natiles of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowle true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowled	edge and belief. dge.
Here	Your sign		Daytime phone number
Joint return? See instr.		DECEASED	
Кеер а сору	Spouse's	signature. If a joint return, both must sign. Date Spouse's occupation	If the IRS sent you an Identity Protection PIN,
for your records.	•		enter it here (see instr.)
	rint/Type p	reparer's name Preparer's signature Date	Check if PTIN
Paid F	TCHAPD	K RIKKERS CPA RICHARD K RIKKERS CPA 04/05/	12 self-employed P00144154
	im's name	► KROESE & KROESE P.C.	Firm's EIN► 42-1277139
	Tim's addres		Phone no.
Jos only r	an a guures	SIOUX CENTER IA 51250-1824	712-722-3375
			Form 1040 (2011)

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(A) = (A + A)

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Form 8879	IRS e-file Signature Auth	orization		OMB No. 1545-0074
Department of the Treasury Internal Revenue Service	 Do not send to the IRS. This is not Keep this form for your records. See 			2011
Declaration Control Number (DCN) 00420512019602	(Client	Copy
Taxpayer's name	00420312019802		ocial security	
NELVA E	BRUNSTING		181-30	
Spouse's name			pouse's socia	security number
C	n Information — Tax Year Ending December 31, 201			
F -	(Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)			152,142
	ine 61; Form 1040A, line 35; Form 1040EZ, line 10) hheld (Form 1040, line 62; Form 1040A, line 36; Form 1040EZ, line 7)		3	
4 Refund (Form 1040, lin	e 74a; Form 1040A, line 43a; Form 1040EZ, line 11; Form 1040-SS, F	Part I, line 12a)	4	4,908
	Declaration and Signature Authorization (Be sure yo			our return)
that this authorization may app authorize EFTPS to issue me a Treasury Financial Agent to ter Treasury Financial Agent at 1-f date. I also authorize the financ answer inquiries and resolve is electronic income tax return an Taxpayer's PIN: check one X I authorize <u>KRC</u>	This return and/or a payment of estimated tax, and the financial institution to ly to future Federal tax payments that I direct to be debited through the Ele a personal identification number (PIN) to access EFTPS. This authorization minate the authorization. To request that my PIN be mailed to me, or to re 388-353-4537. Payment cancellation requests must be received no later th cial institutions involved in the processing of the electronic payment of taxe sues related to the payment. I further acknowledge that the personal ident d, if applicable, my Electronic Funds Withdrawal Consent. box only DESE & KROESE P.C. ERO firm name ny tax year 2011 electronically filed income tax return.	ctronic Federal Tax Paym i is to remain in full force a voke (cancel) a payment, l ian 2 business days prior t is to receive confidential in ification number (PIN) belo	ent System (nd effect unti must contact the paymer formation ner w is my sign PIN 2 Enter	EF (PS). I I notify the U.S. t the U.S. t (settlement) cessary to ature for my 8905 five numbers, but
I will enter my PIN as entering your own PI	s my signature on my tax year 2011 electronically filed income tax retu N and your return is filed using the Practitioner PIN method. The ERO	must complete Part III b	you are elow.	ot enter all zeros
Your signature		Date ►0	4/02/1	۷
Spouse's PIN: check one l	box only			
I authorize	ERO firm name	to enter or generate my		five numbers, but
as my signature on r	ny tax year 2011 electronically filed income tax return.			ot enter all zeros
	s my signature on my tax year 2011 electronically filed income tax retu N and your return is filed using the Practitioner PIN method. The ERO			
Spouse's signature		Date ►		
	Practitioner PIN Method Returns Only-		w	
Part III Certificat	ion and Authentication — Practitioner PIN Method O			
ERO's EFIN/PIN. Enter your	six-digit EFIN followed by your five-digit self-selected PIN.	4205128494 do not enter all zeros	8	
the taxpayer(s) indicated abo	ric entry is my PIN, which is my signature for the tax year 2011 electro ove. I confirm that I am submitting this return in accordance with the re 45, Handbook for Authorized IRS e-file Providers of Individual Income	quirements of the Practiti	turn for oner PIN	
ERO's signature ►RIC	HARD K RIKKERS CPA	Date ►04/	02/12	
	ERO Must Retain This Form — See Ir Do Not Submit This Form to the IRS Unless R)	
For Paperwork Reduction	Act Notice, see your tax return instructions.		BRUNST	Form 8879 (2011) FING003646

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Department of the Treasu Internal Revenue Service	гy	(99) Attach to Form 1040.	See Instructi	ions for Schedu	ule A (Fo	rm 1040)).	Attachment Sequence No.	07
Name(s) shown on Form	1040						cial securi		
NELVA E E	3Rl	NSTING				<u>(43</u>)	<u>201-(</u>	£opy	
Medical		Caution. Do not include expenses reimbursed or paid by							
and	1	Medical and dental expenses (see instructions)		1	118	,893			
Dental	2	Enter amount from Form 1040, line 38	152,142						
Expenses	3	Multiply line 2 by 7.5% (.075)		3		411			
		Subtract line 3 from line 1. If line 3 is more than line 1, er	iter -0-		<u></u> .		4	107	,482
Taxes You	5	State and local (check only one box):		_	-				
Paid		a income taxes, or		5		,137			
		b X General sales taxes			-				
	6	Real estate taxes (see instructions)		6	2	,027			
	7	Personal property taxes	, . , . ,	7		57			
	8	Other taxes. List type and amount							
		FOREIGN TAXES - 1041-GT		8		123			
	9	Add lines 5 through 8		ئىلىنى ئىلىنى بىلىكى ئەركىكى بىلىكى بىل	hulut-h-1-1-1-1-1		9	3	,344
Interest	10	Home mortgage interest and points reported to you on Form 1098	3	10					
You Paid	11	Home mortgage interest not reported to you on Form 1098. If pair	d to the						
		person from whom you bought the home, see instructions and sh	ow that						
Note.		person's name, identifying no., and address >							
Your mortgage		.,.,.,							
interest deduction may									
be limited (see				11					
instructions).	12	Points not reported to you on Form 1098. See instruction							
		special rules		12					
		Mortgage insurance premiums (see instructions)		13					
	14	Investment interest. Attach Form 4952 if required. (See							
		instructions.)		14					
<u></u>		Add lines 10 through 14					15		
Gifts to	16	Gifts by cash or check. If you made any gift of \$250 or m		46		60			
Charity		see instructions		16		60			
If you made a	17	Other than by cash or check. If any gift of \$250 or more,		17					
gift and got a benefit for it.	40	instructions. You must attach Form 8283 if over \$500		18					
see instructions.	18	Carryover from prior year		السمي المستحسب			19		6(
Casualty and	19	Add lines 16 through 18		••••••	• • • • • • • • • • • • •	<u></u>			01
Theft Losses	20	Casualty or theft loss(es). Attach Form 4684. (See instru	octione \				20		

•	21	Unreimbursed employee expenses—job travel, union du job education, etc. Attach Form 2106 or 2106-EZ if requi	red.						
and Certain		(See instructions.)							
Miscellaneous				21					
Deductions	22	Tax preparation fees		22					
	23	Other expenses-investment, safe deposit box, etc. List	type						
		and amount ►							
				23					
	24	Add lines 21 through 23 Enter amount from Form 1040, line 38 25	,	24					
		······							
	26	Multiply line 25 by 2% (.02)		26					
*****	27	Subtract line 26 from line 24. If line 26 is more than line 2	24, enter -0				27		
Other Miscellaneous Deductions	28	Other—from list in instructions. List type and amount					28		
Total		Add the amounts in the far right column for lines 4 throug	nh 28. Also e	nter this amount					
Itemized		on Form 1040, line 40					29	110	,886
Deductions	20	If you elect to itemize deductions even though they are le	ess than your	standard					
E GARAARA	οu				►	Ē			
For Paperwork Re	duc	deduction, check here tion Act Notice, see Form 1040 instructions.		<u></u>			Sched	ule A (Form 10	40)

Itemized Deductions

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OMB No. 1545-0074

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SCHEDULE	В		Interest and Ordinary Dividends		0	MB No. 1545	<u>-0074</u>
(Form 1040A	or 10	40)				201	1
Department of the T Internal Revenue S	Freasu	ry (99)	Attach to Form 1040A or 1040. See instructions on back.		Atta Sec	achment juence No.	80
Name(s) shown on		(00)				urity number	,
NELVA	<u>E</u> E	BRUNS	TING		31-30-		
Part I	1			ent		Aly iount	
Interest		-	sed the property as a personal residence, see instructions on back and list				
moiost			rest first. Also, show that buyer's social security number and address				463
		EDWA	RD JONES				403
(De a imate ations							
(See instructions on back and the							
instructions for							
Form 1040A, or				1			
Form 1040, line 8a.)							
•							
Note. If you received a Form							
1099-INT, Form							
1099-OID, or					ļ		
substitute statement from							
a brokerage firm,							
list the firm's	•		Par 4	2			463
name as the payer and enter	2 3		amounts on line 1	–			405
the total interest	3			3			
shown on that form.	4		t line 3 from line 2. Enter the result here and on Form 1040A, or Form		1		
	•	1040, lir		4			463
•	Note	and the second second	is over \$1,500, you must complete Part III.			Amount	
Part II	5	List nan	ne of payer >	T			
		CHEV	TRON CORPORATION				609
Ordinary		METI	IFE				70
Dividend	5		N MOBILE		ļ		,756
(See instructions			RD JONES			2	<u>,697</u>
on back and the instructions for			LE & COMPANY			0	15
Form 1040A, or		ETME	R H BRUNSTING DECEDENTS TR DTD 27-6453100			0	,092
Form 1040,				1			
line 9a.)				5		·····	
Note. If you		• • • • • • • • •					
received a Form 1099-DIV or		• • • • • • • • • •					
substitute							
statement from a brokerage firm,							
list the firm's							
name as the							
payer and enter the ordinary	6	Add the	amounts on line 5. Enter the total here and on Form 1040A, or Form				~ ~~~
dividends shown		1040, lir		6		13	,239
on that form.			is over \$1,500, you must complete Part III. plete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a			—	
			it; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.			Yes	No
Part III			ime during 2011, did you have a financial interest in or signature authority over a financial	····· '·			
1 GI C III			(such as a bank account, securities account, or brokerage account) located in a foreign				
Foreign			? See instructions				X
Accounts	\$	lf "Yes,"	are you required to file Form TD F 90-22.1 to report that financial interest or signature	•			
and Trus		authorit	y? See Form TD F 90-22.1 and its instructions for filing requirements and exceptions to				
(See		those re	quirements			2022220000000000	000000000000000000000000000000000000000
instructions on	b	lf you a	re required to file Form TD F 90-22.1, enter the name of the foreign country where the				
back.)			l account is located				
	8		2011, did you receive a distribution from, or were you the grantor of, or transferor to, a				***
		foreign t	nust? If "Yes " you may have to file Form 3520. See instructions on back			1 1	X

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule B (Form 1040A or 1040) 2011 BRUNSTING003650

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SCHEDULE D (Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

Department of the Treasury	
Internal Revenue Service	

Attach to Form 1040 or Form 1040NR. See Instructions for Schedule D (Form 1040).

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

Attachment Sequence No

Name(s) shown or	n retu	<i>ir</i> n
NELVA	Ε	BRUNSTING

(99)

Your social security number

Part I Short-Term Capital Gains and Losses – Assets Held One Year or Less

		(f) Cost or other basis	(g) Adjustments to		(h) O-1 (h)
Complete Form 8949 before completing line 1, 2, or 3.	(e) Sales price from Form(s) 8949, line 2,		(h) Gain or (loss) Combine columns (e),		
This form may be easier to complete if you round off cents to	column (e)	from Form(s) 8949, line 2, column (f)	Form(s) 8949, line 2, column (g)		(f), and (g)
whole dollars.			tale 2, coainn (g)		
1 Short-term totals from all Forms 8949 with box A					
checked in Part I		 			
2 Short-term totals from all Forms 8949 with box B					
checked in Part I					
3 Short-term totals from all Forms 8949 with box C					
checked in Part I	35,607	25,680		0	9,927
4 Short-term gain from Form 6252 and short-term	gain or (loss) from Forms 4	684, 6781, and 8824		4	
5 Net short-term gain or (loss) from partnerships, S	6 corporations, estates, and	trusts from			
Schedule(s) K-1				5	
6 Short-term capital loss carryover. Enter the amo	unt, if any, from line 8 of you	ur Capital Loss Carryover	•		
Worksheet in the instructions				6	(
7 Net short-term capital gain or (loss).Combine				_	0.007
long-term capital gains or losses, go to Part II be	low. Otherwise, go to Part I	II on the back		7	9,927
Part II Long-Term Capital Gains and	d Losses – Assets H	eld More Than One Y	'ear		
Complete Form 8949 before completing line 8, 9, or 10.	(e) Sales price from	(f) Cost or other basis	(g) Adjustments to		(h) Gain or (loss)
This form may be easier to complete if you round off cents to	Form(s) 8949, line 4,	from Form(s) 8949,	gain or loss from Form(s) 8949,		Combine columns (e),
whole dollars.	column (e)	line 4, column (f)	line 4, column (g)		(f), and (g)
8 Long-term totals from all Forms 8949 with box A			······································		
checked in Part II		(
9 Long-term totals from all Forms 8949 with box B					
checked in Part II		(
10 Long-term totals from all Forms 8949 with box C		·			
checked in Part II	137,539	(114,185)		0	23,354
11 Gain from Form 4797, Part I; long-term gain from					
	11 Units 2405 and 0202, an	a long-term gain or (1055)		11	
from Forms 4684, 6781, and 8824	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				

Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1

Capital gain distributions. See the instructions

Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover

Net long-term capital gain or (loss). Combine lines 8 through 14 in column (h). Then go to Part III on

Worksheet in the instructions

For Paperwork Reduction Act Notice, see your tax return instructions.

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Schedule D (Form 1040) 2011

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the back .

NELVA E BRUNSTING Schedule D (Form 1040) 2011

Part III Summary

16	Combine lines 7 and 15 and enter the result	Clie	nt	Сору	9,756
	• If line 16 is a gain, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line				
	14. Then go to line 17 below.				
	 If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. 				
	 If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22. 				
17	Are lines 15 and 16 both gains?				
	Yes. Go to line 18.				
	\overline{X} No. Skip lines 18 through 21, and go to line 22.				
18	Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet in the instructions	►	18		
19	Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheetin the				
13	instructions		19		
20	Are lines 18 and 19 both zero or blank?				
	Yes. Complete Form 1040 through line 43, or Form 1040NR through line 41. Then complete				
	the Qualified Dividends and Capital Gain Tax Worksheetn the instructions for Form 1040,				
	line 44 (or in the instructions for Form 1040NR, line 42). Do not complete lines 21 and 22 below.				
	No. Complete Form 1040 through line 43, or Form 1040NR through line 41. Then complete the				
	Schedule D Tax Worksheet in the instructions. Do not complete lines 21 and 22 below.				
21	If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of:				
	The loss on line 16 or		21	•)
	• (\$3,000), or if married filing separately, (\$1,500)				
	Note. When figuring which amount is smaller, treat both amounts as positive numbers.				
22	Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?				
	X Yes. Complete Form 1040 through line 43, or Form 1040NR through line 41. Then complete				
	the Qualified Dividends and Capital Gain Tax Worksheetn the instructions for Form 1040,				
	line 44 (or in the instructions for Form 1040NR, line 42).				
	No. Complete the rest of Form 1040 or Form 1040NR.				
		\$	Sche	dule D (Form	1040) 2011

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Sales and Other Dispositions of Capital Assets

► See Instructions for Schedule D (Form 1040).

▶ For more information about Form 8949, see www.irs.gov/form8949

Attach to Schedule D to list your transactions for lines 1, 2, 3, 8, 9, and 10.

Name(s) shown on return

Department of the Treasury

Internal Revenue Service (99)

NELVA E BRUNSTING

Short-Term Capital Gains and Losses—Assets Held One Year or Less Part i

Note: You must check one of the boxes below. Complete a separate Form 8949, page 1, for each box that is checked.

*Caution. Do not complete column (b) or (g) until you have read the instructions for those columns (see the Instructions for Schedule

D (Form 1040	(Form 1040)). Columns (b) and (g) do not apply for most transactions and should generally be left blank. (A) Short-term transactions reported on Form 1099-B with basis reported to the IRS (C) Short-term transactions for which you cannot check box A or B (B) Short-term transactions not reported to the IRS (C) Short-term transactions for which you cannot check box A or B													
(a) Description o (Example: 100	of property		(b) de, if any, xolumn (g)*		(c) Date acquired (Mo., day, yr.		(d) Date soid (Mo., day, yr.)	(e) Sales price (see instructions	\$)	(f) Cost or other basis (see instructions)	(g) Adjustments to gain or loss, if any*		
INVSCO	BLD A	MER	BDS			10	11/10/	11	10	509	9,880			
DEERE &	E CO			-			02/03/			,098	15,800			
									:					
					-									
	· , , , , ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,													
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······														
							······································							
											····			

					(f). Also, comb le on Schedule									

35,607

0

25,680

OMB No. 1545-0074

126

Attachment

Your social security number

Glient-Copy

Sequence N

WS 1.

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form 8949 (2011)	Attachment Sequence No. 12A	Page 2
Name(s) shown on return. Do not enter name and social security number if shown on other side.	Your social security number	
NELVA E BRUNSTING	481-30-4685	

Part II Long-Term Capital Gains and Losses—Assets Held More Than One Year

Note: You must check one of the boxes below. Complete a separate Form 8949, page 2, for each box that is checked. Client Copy *Caution. Do not complete column (b) or (g) until you have read the instructions for those columns (see the Instructions for Schedule D (Form 1040)). Columns (b) and (g) do not apply for most transactions and should generally be left blank.

(A) Long-term transa Form 1099-B with ba	actions reported on	(B) Lo			ns reported on Form orted to the IRS	X (C) Long-term transactions for which you cannot check box A or B				
(a) Description of property 3 (Example: 100 sh. XYZ Co.)	(b) Code, if any, for column (g)*	(c) Date acquired (Mo., day, yr.)	(đ) Date sold (Mo., day, y		(e) Sales price (see instructions)	(f) Cost or other basis (see instructions)	(g) Adjustments to gain or loss, if any*			
VK BLD AMER	BONDS INC	M 04/23/10	10/07	/11	14,493	13,919				
DEERE & CO		05/20/10				35,794				
DEERE & CO		05/20/10	10/21,	/11	30,006	24,418				
DEERE & CO		05/20/10	11/09	/11	14,110	11,204				
GMAC SMARTNO	TES	03/20/03				9,000				
IN FIN AUTH	REV PARKV				14,819	14,850				
TOYOTA MOTOR	CR CORP	07/13/07	04/11,	/11	4,995	5,000				
						······································	·····			
			AL-20-100-00-00-00-00-00-00-00-00-00-00-00-0							
										
						· · · · · · · · · · · · · · · · · · ·				
						······································				
······································										
••••						· · · · · · · · · · · · · · · · · · ·				
A Totale Add the end	unts in columns (e) ar	d (f) Also combine #								
amounts in column (g). Enter here and incl sked), line 9 (if box B	ude on Schedule D, li	ne 8 (if							
	necked)		>	4	137,539	114BRU8S	ING003658 0			

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_	chedule E (Form 1040) 2011 Attachment Sec me(s) shown on return. Do not enter name and social security number if shown on other side. Your s											P	Page 2
N	ELVA E BRUNSTING							481	-30	-468	5		
7.0000.000	tion. The IRS compares amounts reporte			Schedule(s)	<u><-1.</u>			<u> </u>	 ŧ		<u> </u>		
	art II Income or Loss From any amount is not at risk, yo	Partnerships and S u must check the box in c	olumn (e) on line 2	Note. If y 8 and attach	ou report Form 61	a io 98.	ss fr See i	nstructio	Biskia ons.	clivity	chy lich		
I	Are you reporting any loss not allowed in unallowed loss from a passive activity (if I partnership expenses? If you answered "	hat loss was not reported	on Form 8582), or	unreimbursed				[Ye	es X	No		
	partnership expenses? If you answered		te completing the	(b) Enter l	P for (c) Che	ck if	(đ) Employ	/6Г	(e) C	heck	k if
28											any an not	mou at ris	ntis sk
A						<u>.</u>							
В					-								
<u>c</u>					╉								
<u>D</u>	Passive Income and	1 099			Nonpass	ive	Inco	me and	Loss		L		
	(f) Passive loss allowed	(g) Passive income	(h) Nonpa		1			9 expense		۵.	lonpassive i	incor	me
	(attach Form 8582 if required)	from Schedule K-1	from Sche		-			Form 456	62 from Schedule K-1			1	
A													
В													
C													
D	<u> </u>												
29a b							80000						
30									30			200000	
31	Add columns (f), (h), and (i) of line 29b	· · · · · · · · · · · · · · · · · · ·							31	()
32	Total partnership and S corporation												
******	result here and include in the total on li			<u>* - T- T- T- 11 - T- T- 11 - T</u> - 11 - T- 11 -					32				
	art III Income or Loss From	Estates and Trusts							1				
33		(a) Name									Employer cation numb	er	
A	ELMER H BR	UNSTING DECEN	DENTS TR I	DTD						27-6	4531	00	
В													
	Passive Incon	e and Loss			No	npa	ssiv	e Incom	e and	Loss			
	(c) Passive deduction or loss allowed	(d) Passive inc	· 1	• •	Deduction (m Schedul		6		(f) Other income from Schedule K-1				
	(attach Form 8582 if required)	from Schedule	41,938		ni Scheuur	e n-1				301	ieduie R-1		
A B	0		<u>41,930</u>										
<u>34a</u>	Totals		41,938										
b													
35	Add columns (d) and (f) of line 34a		,						35		4	1,	<u>938</u>
36	Add columns (c) and (e) of line 34b				• • • • • • • • • •	,			36	()
37	Total estate and trust income or (lo	•							37		4	1	938
	include in the total on line 41 below art IV Income or Loss From				(REM	Cs	F	lesidu		lder	· #·	±	200
		(b) Employer	(c) Excess inclusi	on from	(d) Taxabl				I		ncome from		
38	(a) Name	identification number	Schedules Q, ii (see instructio		from Sch	edule	s Q, li	ne 1b		Sched	ules Q, line	3b	
<u>39</u>	Combine columns (d) and (e) only. Ent	er the result here and inclu	ide in the total on li	ne 41 below					_ 39				
CARGE LAS	art V Summary		line 40 holow						40				
40 41	Net farm rental income or (loss) from F Total income or (loss).Combine lines 26, 2			40. line 17 or l	Form 1040	NR	line 1	в 🕨	40		4	1.	938
42	Reconciliation of farming and fishi												
	farming and fishing income reported on	• • •											
	(Form 1065), box 14, code B; Schedule												
40	U; and Schedule K-1 (Form 1041), line			42									
43	 Reconciliation for real estate profest professional (see instructions), enter th 	e net income or (loss) you	reported										
	anywhere on Form 1040 or Form 1040	NR from all rental real esta	te activities	43									

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Form		J		U

(Rev. November 2005)

Department of the Treasury Internal Revenue Service

Statement of Person Claiming Refund Due a Deceased Taxpayer

OMB No. 1545-0074

See instructions below and on back.

Tax year	decedent wa	as due a refund:							
Calenda	r year	2011, or other tax year	beginning		, 20	, ar	id endi	<u>Client Copy</u>	, 20
	Name of decer	dent				Date of deat	h	Decedent's social se	curity no.
	NELVA	E BRUNSTING				11/11	./11	481-30-4685	
Please	Name of perso	n claiming refund						Your social security	number
print	ANITA	BRUNSTING						457-25-1860	
or	Home address	(number and street). If you have a F	P.O. box, see instr	uctions.					Apt. no.
type	203 BI	LOOMINGDALE CI	RCLE						
	City, town or p	ost office, state, and ZIP code. If you	have a foreign ac	dress, see instructions.					
	VICTO	RIA	TX	77904					
Part	Che	ck the box that appli	es to vou.	Check only one boy	. Be sure to d	complete Pa	rt III b	elow.	

A Surviving spouse requesting reissuance of a refund check. (see instructions).

B Court-appointed or certified personal representative (defined below). Attach a court certificate showing your appointment, unless previously filed (see instructions).

C X Person, other than A or B, claiming refund for the decedent's estate (see instructions). Also, complete Part II.

Part II Complete this part only if you checked the box on line C above.

		Yes	No
1	Did the decedent leave a will?	X	
2a	Has a court appointed a personal representative for the estate of the decedent?		X
b	If you answered "No" to 2a, will one be appointed?		X
	If you answered "Yes" to 2a or 2b, the personal representative must file for the refund.		
3	As the person claiming the refund for the decedent's estate, will you pay out the refund according to the laws		
	of the state where the decedent was a legal resident?	X	
	If you answered "No" to 3, a refund cannot be made until you submit a court certificate showing your appointment		
	as personal representative or other evidence that you are entitled under state law to receive the refund.		

Part III Signature and verification. All filers must complete this part.

I request a refund of taxes overpaid by or on behalf of the decedent. Under penalties of perjury, I declare that I have examined this claim, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of person claiming refund

Date 🕨

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000065 BRUNSTING, NELVA E 481-30-4685

Federal Statements

Payer				nt Co	ру
EDWARD JONES		\$	38		
TOTAL		\$	38	37	
<u>F</u>	orm 1040, Dividend Inc	ome			
Payer		C Di	rdinary vidends		Qualified ividends
ELMER H BRUNSTING DECEDENTS TI	R DTD	;	8,092	\$	4,241
CHEVRON CORPORATION			609 70		609 70
METLIFE EXXON MOBILE			1,756		1,756
EDWARD JONES			2,697		1,517
DEERE & COMPANY		.	15		15
TOTAL		\$	13,239	\$	8,208
	Capital Gain Distributio	ons			
Payer			Capital Gair Distribution	1	
EDWARD JONES		\$		1	
TOTAL		\$		1	
Schedule A	, Line 1 - Medical and D	ental Exp	enses		
Description	Amount				
MEDICAL/DENTAL EXPENSES	\$ 117,831				
MEDICARE PREMIUMS	1,062				
TOTAL	\$118,893				

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000065 BRUNSTING, NELVA E 481-30-4685

Federal Statements

Schedule A, Line 5 - State and Local Taxes

Amount Description _____ \$ 330 2010 ESTIMATES PAID IN 2011 STATE TAX PAYMENTS 690 '10 IA INCOME TAX REFUND -251 TOTAL INCOME TAXES 769 1,137 GENERAL SALES TAX TOTAL SALES TAXES* 1,137

*SALES TAXES ARE BEING DEDUCTED

Client Copy

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Form 1040		Ca	arryove	er Report			2011
Name	1						Taxpayer Identification Number
NELVA E BRU	NSTING						481-30-4685
Carryover	Item	Available to 2011		2011	Amounts	C	Carryover 16 2012
Excess section 17	9						
Minimum tax credi	t -						
Investment interes	it						
Investment interes	t - AMT						
Short-term capital	loss						
Short-term capital	loss - AMT						
Long-term capital	loss _	23,526	UTIL	IZED	-23,52		0
Long-term capital	loss - AMT	23,526	UTIL	IZED	-23,52	6	0
Residential energy	efficient property						
D.C. first-time horr	nebuyer credit						
Tax credit bonds				<u> </u>			
Nonrecaptu	red Section 1231 L	osses - Line 8, Form 4	797	AMT	Nonrecaptured Sec	ction 1	231 Losses - Line 8, Form 4797
2006 Amounts		•		2006 Amou	•		
2007 Amounts	. <u></u>			2007 Amou	unts		
2008 Amounts				2008 Amou	unts		
2009 Amounts				2009 Amoi	unts		
2010 Amounts				2010 Amoi	unts		
Available to 2011				Available to	2011		
2011 Amounts				2011 Amoi	unts		
Carryover to 2012		······		Carryover	to 2012		

BRUNSTING003669

NELVA B RefUNSTING Transmer Interfleation (@Henrit COCPY-30-3 Networks 201 200 201	Form 1040				Tax R	Return History Report - Page 1	ry Report	- Page 1					2011
Interfact <		凹	DNI						Taxpaye	er Identification	Notient	Copy	-30-4685
Ring status MEV NEV SGL SGL <t< th=""><th></th><th></th><th>2007</th><th></th><th>2008</th><th></th><th>2009</th><th></th><th>2010</th><th></th><th>2011</th><th>2012</th><th>PROJECTED</th></t<>			2007		2008		2009		2010		2011	2012	PROJECTED
$ \begin{array}{c c c c c c c c c c c c c c c c c c c $	Filing Status		MFJ		MFJ		SGL		SGL		SGL		SGL
$ \begin{array}{c c c c c c c c c c c c c c c c c c c $	Salaries and wages		19	504		535	84			7	463		13,702
$ \begin{array}{c} 4,466 \\ \text{centrelines} \\ Centr$	Dividend income		21,	421	4 4	317	6	6	4 4	<u>Б</u>	m		1883
$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$	Business income/loss												
And anticulation $24, 812$ $24, 942$ $14, 302$ $14, 006$ $68, 712$ 68 Ret, results (normedia $25, 335$ $30, 339$ $27, 836$ $-1, 000$ $68, 712$ 68 Ret, results (normedia $25, 335$ $30, 339$ $27, 836$ $-1, 000$ $68, 712$ 68 Fails for the relationenees $24, 448$ $26, 110$ $21, 926$ $19, 140$ $18, 034$ $18, 034$ $18, 034$ $18, 034$ $18, 034$ $18, 034$ $18, 034$ $112, 12, 216$ $112, 122, 142$ $114, 230$ $112, 280$ $112, 126$ $112, 280$ $112, 126$ $112, 122, 142$ $114, 230$ $112, 126$ $112, 126$ $112, 122, 142$ $112, 280$ $112, 120$ $112, 126$ <	Capital gains/losses		4	406	m	000	n		n n		-		
Refine the forment of the model o	Unter gains/losses	sions, annuities	24,	812		942	4,	2	4	6	1 4		1 4
Partnersin/S corp income East of value 24,013 41,938 4 Farm incomelos 119,926 104,303 21,967 19,140 18,034 142. Farm incomelos 119,926 104,303 78,526 90,681 113,086 111,1 Frain incomelos 119,926 104,303 78,526 90,681 152,142 144. Frain incomelos 119,926 14,000 7,600 31,566 110,866 111,1 Frain incomelos 122,800 14,000 7,600 31,566 110,866 111,1 Allowshe law income on the factoring incom	Rent, royalty, farm ren	Ital income	25,	335	1 1	399	4	5	L)	0			41,938
Effettor 24,013 41,938 a 41,938 a 41,938 a 41,938 a 41,938 a 41,938 a 112,21,142 112,142 112,142 112,142 112,142 112,142 112,142 112,12,142 112,142 112,142 112,142 112,142 112,142 112,142 112,142 112,142 112,142 112,142 112,122 124,142 112,123 126,112 122,142 112,123 122,142 112,123 122,142 112,123 122,142 112,123 122,142 112,123 124,120<	Partnership/S corp inc	ome							- 1		1		
Term momentes $24,448$ $26,110$ $21,967$ $19,140$ $18,034$ $18,034$ $18,034$ $18,034$ $18,034$ $18,034$ $18,034$ $18,034$ $18,034$ $18,034$ $18,034$ $18,034$ $18,034$ $18,034$ $18,034$ $18,034$ $18,034$ $18,030$ $78,526$ $90,681$ $152,142$ $142,206$ $111,1$ Adiabatisension $6,391$ $14,000$ $7,600$ $71,206$ $112,366$ $111,1$ Adiabatise 6800 $7,600$ $7,600$ $31,265$ $31,700$ $3,7100$ $3,7100$ $3,7100$ $3,7100$ $3,700$ $3,700$ $3,700$ $3,700$ $3,700$ $3,700$ $3,700$ $3,700$ $3,700$ $3,700$ $3,700$ $3,700$ $3,700$ $3,700$ $3,700$ $3,700$ $3,700$ $3,7100$ $3,7100$ $3,7100$ $3,7100$ $3,700$ $3,700$ $3,700$ $3,700$ $3,700$ $3,700$ 2010 2010 2010 2010 2010 2010	-												
Total income 119 24 104 105 115 142 142 Total income 119 926 104,303 78,556 90,681 152,142 142 Total income 119 926 14,631 2,418 31,366 110,886 111,1 Total income 12,800 14,000 7,600 7,100 7,500 31,700 3 760 31,700 3 700 3			VC	0 1 0	26	0			σ		α		α
$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$			110	476 476	4	203	4.	- 10			52.		42,
Adjusted gross income 119, 926 104, 303 78, 526 90, 681 152, 142 142, 111, 586 111,	·		1/1+1	>	4		4			-			
Allowable ltemized deductions 6, 391 4, 631 2, 418 31, 366 110, 886 111, 7, 250 51, 550 111, 7, 250 27, 256 27, 250 2010 2011 2012 2011 2012 2011 2012 2011 2012 2011 2011 2011 2011		me	119,	926	1 4	303	ω	0	리				- J
Sandard deduction 12,800 14,000 7,600 7,100 7,100 7,100 7,100 7,100 7,100 7,100 7,100 7,100 11,1,100 11,11 11		leductions	6,	391	-	631	~	8	님	6			
Itemised or standard deduction rate asymptons 12, 800 14,000 7,600 31,356 110,886 111,1 Examplons $6,800$ $7,000$ $3,550$ $3,756$ $3,756$ $27,156$ $3,756$ $27,156$ $27,156$ $27,156$ $27,156$ $27,556$ $27,156$ $27,556$ $27,156$ $27,556$ $27,156$ $27,556$ $27,156$ $27,556$ $27,156$ $27,556$ $27,156$ $27,556$ $27,156$ $21,114$ $21,114$ $21,114$ $21,114$ $21,114$ $21,114$ $21,114$ $21,114$ $21,114$ $21,116$			12,	800	4	000		0	2	0			പ്
Exemptions 6,800 7,200 3,650 3,650 3,700 3,700 3,700 3,700 2,7,150 2,7,160 2,7,160 2,7,160 2,7,160 2,7,160 2,7,160 2,7,160 2,7,160 2,7,160 2,7,160 2,7,160 2,7,160 2,7,160 2,7,160 2,7,160 2,7,160 2,7,160 2,7,100 2,7		deduction taken		800		000	4	0	늬	0	4		11
Taxable Income 100, 326 83,303 $67, 276$ $55, 665$ $37, 556$ $37, 500$ $317, 556$ $37, 500$ $317, 556$ $37, 500$ $313, 400$ $600, 2007$ 2009 2010 2011 2012 2012 2010 2011 2012 2012 2010 2011 2012 3202 2010 2011 2012 2011 2012 2011 2012 2011 2011 2011 2011 2011 2011 2011 2011 2011 2011 2011 2011 2011 2012 2010 2011 2011 2011 2011 2011 2011 2011 2011 2011 2011 2011 2011 2011 2011 2011 2011 2011 2011			, 6,	800		000	~	0		-	4		m
• Combined with Interest income on the Federal Tax Projection Worksheet as Schedule E income \$171,000 Total income Adjusted gross income \$134,000 \$134,000 \$134,000 \$171,000 \$171,000 \$134,000 \$00 2010 2010 2010 2011 2011 \$134,000 2007 2008 2010 2010 2010 2011 2011 \$134,000 2007 2008 2010 2011 2007 2008 2010 2011 \$134,000 femized or standard deduction taken \$139,000 \$139,000 \$131,000 \$139,000 \$2010 2010 2011	·		100,	326		303	67,27	6	55,66	5	37,556		27,122
Total income Total income Adjusted gross income $171,000$ $171,000$ $171,000$ $1314,000$ 2007 2009 2010 2011 2012 2007 2009 2010 2011 2011 $119,000$ $119,000$ $119,000$ $119,000$ $119,000$ $119,000$ $119,000$ $119,000$ $119,000$ $119,000$ $119,000$ 2007 2008 2010 2011 2011 2011 2007 2008 2009 2010 2011 $119,000$ 1000 2010 2011 2012 2009 2010 2010 2010 2011 2011		erest income on th	ie Federal Tax I	Projection Work	8	ombined with Rer	ht, royalty, farm	rental income	on the Federa	al Tax Projectic	on Worksheet as	s Schedule E	income/loss
$ \begin{array}{c c c c c c c c c c c c c c c c c c c $	¢174 000		Total inco	me			\$474 NND -	12 AD AD AD ADADAD PRIMA Y MAY MARKA A MANAGES A MANAGES AND A MANAGEMENT A	Adju	sted gross	i income	oonnamaa oo badamada oo dadii bara da oo dadii bad AD 2022.00 koo j	AVAN 444,447 MAR 200 A MARINA DA ANA ANA ANA ANA ANA ANA ANA ANA AN
$ \begin{array}{c c c c c c c c c c c c c c c c c c c $		An Andread Conference on the			4 1 6 10 10 10 10 10 10 10 10 10 10 10 10 10								
$ \begin{array}{ $	\$134,000		a shi ti baba ku ku mana ku ku mana ku mana ku ma				\$134,000				And in the first test that the state of the		
2007 2008 2010 2011 2012 360,000 2003 2010 2011 2011 2007 2008 2010 2011 2012 2009 2010 2011 Itemized or standard deduction taken ($resided$) 2007 2008 2009 2010 2011 ($resided$) 2010 2011 2012 2003 2010 2011 2007 2008 2010 2011 2012 2003 2010 2011	\$97,000 -						\$97,000			and M. Mill (MAY) a fill (May of a Province of Magnet Magnet (Magnet (Magnet (Magnet (Magnet (Magnet (Magnet (M			
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	¢en nnn						\$60.000 L						
Itemized or standard deduction taken \$119,000 Taxable income 2007 2009 2010 2011 2012 2007 2009 2010 2011 2012 2007 2008 2010 2010			2009	2010	2011	2012 (Projected)		2007	2008	2009	2010	2011	2012 (Projected)
2007 2011 2011 2011 2011 2011 2007 2013 2013 2011 2011 2011	STIN	Itemized or	standard c	leduction t	taken		\$119.000			axable in(some		
2007 2009 2011 2012 383,000 2010 2011 2007 2009 2011 2012 2009 2010 2011	2003												
2007 2008 2009 2011 2012 845,000 2007 2008 2009 2010 2011 (Projected)	\$ 6700	Alexandra and a service and		AND A MARKANINA AND AND AND AND AND AND AND AND AND A			\$82,000						San facili diska addini Manaka Angelan Mana Ka
2007 2008 2009 2010 2011 2012 2007 2008 2009 2010 2011 (Projected)	\$46,000						\$45,000 \$45,000						
			2009	2010	2011	2012 (Projected)		2007	2008	2009	2010	2011	2012 (Projected)

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Form 1040		Tax Return H	Return History Report - Page 2	ige 2		2011
Name NELVA E BRUNSTING	DR			Taxpaye	Taxpayer Identif Shire Copy - 30 - 4685	0000 - 30 - 4685
	2007	2008	2009	2010	1102	2012 PROJECTED
Taxable income	100,326	83,303	67,276	55,665	37,556	27,122
Tax on taxable income	15,853	11,971	11,387	8,393	4,432	2,402
Alternative minimum tax						
Total credits	L	31	19			
Net tax liability	15,846	11,940	11,368	8,393	4,432	2,402
Self-employment taxes						
Other taxes						
Total tax	15,846	11,940	11,368	8,393	4,432	2,402
Income tax withheld		24	25			
Estimated tax payments	14,160	15,880	11,920	11,360	9,340	
Other payments						
tal payments	14,160	15,904	11,945	11,360	9,340	
tal due/-refund		-3,964	-577	-2,967	-4,908	2,402
nalties and interest						
t tax due/-refund	1,686	-3,964	-577	-2,967	-4,908	2,402
fund applied to estimated tax payments		3,964	577			
ina Refund received				-2,967	-4,908	
arginal tax rate	25.0%	25.0%	25.0%	25.0%	25.0%	15.0%
fective tax rate	16%	14%	17%	15%	12%	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~



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20 or fi	11 scal yea		1040 Iowa Individual Income Ta nning/2011 and ending/////////	x Form			
STE Your li	P 1: Fi ast name	<u>ill in</u> ?	all spaces. You MUST fill in your Social Security Your first name/middle initial	Number (St	<u>5N).</u>	III HAFAANDAMAA GUWATHAACIINTAMA IYAA KA	AN NAKAN MATANG KANJANAN ANG KANAN ANG KA
]	BRUI	NS.	ring <u>nelva e</u>				
Spous	e's last r	name	Spouse's first name/middle init	ial		С	lient Copy
	-	-	ress (number and street, apartment, lot, or suite number) or PO Box			-	
_			DOMINGDALE CIR				
•	State, ZIF						
	ICT			1 20 40		X Check this box if you or	your spouse were 65 or older as of 12/31/11.
	e SSN D 2 Fil		Your SSN • 48: Status: Mark one box only.	<u>1-30-46</u>	85		on 12/31/11
1			Were you claimed as a dependent on another person's lowa return?	YES X	NO 🛦	County Number O O	School District Number OOOO
2			ed filing a joint return. (Two-income families may benefit by usi	طيبيبية استعقبت المستعقبة		Dependent children for whom How many have health care coverage	an exemption is claimed in Step 3
3			f filing separately on this combined return. Spouse use column B.	, culture e el m	·/	How many have health care coverage How many do not have health ca	
4	N	larrie	d filing separate returns.		SSN:		Income: \$
5			e's name: of household with qualifying person. If qualifying person is not claimed	as a dependent o			
6			ifying widow(er) with dependent child. Name:			SSN:	
			otions		B. Spo	ouse (Filing Status 3 ONLY)	A. You or Joint
a.	Perso	nal	Credit: Col. A: Enter 1 (enter 2 if filing status 2 or 5); Col. B: Enter 1	if filing status 3		X \$ 40 = \$	$ 1 \times 40 = $
b.	Enter	1 for	each person who is 65 or older and/or 1 for each person who	is blind	.	X \$ 20 = \$	$1 \times 20 = 20$
C.			ents: Enter 1 for each dependent			X \$ 40 = \$	▲ X \$ 40 = \$
d.	Enter	- first	t names of dependents here:			e. TOTAL \$	<u>\$ 60</u>
1				•	ouse/Status 3		Spouse/Status 3 A. You or Joint
¥ S] ©	TEP 4 ross		Wages, salaries, tips, etc.	1.			
	come		Taxable interest income. If more than \$1,500, complete Sch. B.	2.			
		3.	Ordinary dividend income. If more than \$1,500, complete Sch. B.	3		13,239	
		4,	Alimony received	4.			1
		5.	Business income/(loss) from federal Schedule C or C-EZ	5.		~ ====	NOTE: Use only
		6.	Capital gain/(loss) from federal Sch. D if required for federal purposes			9,756	blue or black ink,
é		7.	Other gains/(losses) from federal form 4797	7.			no pencils or red ink.
뤽		8.	Taxable IRA distributions	8		~ ~ ~ ~	[
m - DO NOT STAPLE them here		9.	Taxable pensions and annuities	9.		9,920	
뷥		10.	Rents, royalties, partnerships, estates, etc.	10.		41,938	
STA		11.	Farm income/(loss) from federal Schedule F	11.			
ğ		12.	Unemployment compensation. See instructions	12.			
8		13.	Taxable Social Security benefits			3,406	
		14.	Other income, gambling income, bonus depreciation/sec. 179 adjustment	14			
retu			GROSS INCOME.ADD lines 1-14.			15.	▲ 137,901
j s	TEP 5		Payments to an IRA, Keogh, or SEP	16.			
	djust- ients	17.	Deductible part of self-employment tax	17.			
tc	>		Health insurance deduction	18.		1,062	
<u>ڳ</u> In	icome	19.	Penalty on early withdrawal of savings	19			
a p		20.	Alimony paid	20.			
Enclose W-2s and paym		21,	Pension/retirement income exclusion	21.		6,000	
Š		22.	Moving expense deduction from federal form 3903	22.			
80		23.	lowa capital gain deduction certain asset sales ONLY (see instructions)	23.			
鮖		24.	Other adjustments	24			
		25.	Total adjustments. ADD lines 16-24,			25	▲ 7,062
			NET INCOME. SUBTRACT line 25 from line 15.			26.	<u>▲ 130,839</u>
			Federal income tax refund / overpayment received in 2011	27		<u>▲ 2,967</u>	
	ederal ax	28.	Self-employment/household employment taxes	28.		<u>۸</u>	
	dditio		Addition for federal taxes. ADD lines 27 and 28.				2,967
a	nd	20	Total. ADD lines 26 and 29.				133,806
ΥD	educ- on	31.	Federal tax withheld	31.		A	
u	011	32.	Federal estimated tax payments made in 2011	32.		12,180	
		33.	Additional federal tax paid in 2011 for 2010 and prior years	33.		A	
		34.					12,180
		35.	BALANCE, SUBTRACT line 34 from line 30. Enter here and on line	36, side 2.		35	<u>▲ 121,626</u>

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		NELVA E BRUNSTING						481-	30-4685
2011 IA	11	040, page 2	в.	Spouse/Status 3	A. Y	ou or Joint	B. Spouse/Status 3	А.	You or Joint
STEP 7						36.			121,626
Taxable		 Total itemized deductions from federal Schedule A	, . <i>.</i> ,		1 (09,824			/
Income		Taxpayers with bonus depreciation/sec. 179 must use Iowa Sch. A. 38. Iowa income tax ff included in line 5 of federal Schedule A 38	·					lines 37-40	n
		39. BALANCE. Subtract line 38 from line 37 or enter the	, <u> </u>		1/	19 924	ONLY if yo		
		 BALANCE. Subtract line 38 from line 37 or enter the amount of itemized deductions from the Iowa Schedule A	·	,,,,	<u> </u>	<u> </u>			
							Llient		
	41.	Deduction. Check one box. 🔺 🔀 Itemized. Add lines 39 and 40.		Standard		41, _		A	109,824
	42.	TAXABLE INCOME.SUBTRACT line 41 from line 36.							11,802
STEP 8	43.	Tax from tables or alternate tax 43	3	A		359			
Tax,	44.	lowa lump-sum tax. 25% of federal tax from form 4972 44	l.						
Credits	45.	Iowa minimum tax. Attach IA 6251. 45	j.						
and	46.					46.			359
Checkoff Contribu-									
tions									
	48.	Tuition and textbook credit for dependents K-12 48							60
	49.	Total credits. ADD lines 47 and 48.				49, -		~	
	50.		•••••					0	299
	51.		tum.			51.			299
	52.	BALANCE, SUBTRACT line 51 from 50. If less than or equal to zero, ent	er zero.			52.		0	0
	53.	Other nonrefundable lowa credits. Attach IA 148 Tax Credits Schedule.							
	54.	BALANCE. SUBTRACT line 53 from line 52.							
	55.	School district surfax/EMS surfax. Take percentage from table; multiply b						0	0
									
	56. 57.	Total Tax. ADD lines 54 and 55. Total tax before contributions. ADD columns A & B on line 56 and enter h			• • • • • • • • • •				0
	58.	Contributions. Contributions will reduce your refund or add to the amount	t you ow	e. Amounts must be in w	vhole dollars	 3.	·····	-	V
		Fish/Wildlife State Fair	Firefigh	ters/Veterans	Child	Abuse Preventic	Enter		
	5			·			total. 58	i	
	59.	TOTAL TAX AND CONTRIBUTIONSADD lines 57 and 58.).	0
STEP 9	60.	lowa income tax withheld 60).		L	L			
Credits	61.								
	62.		2.						
	63.								
	64	Check One: Child and dependent care crediOR							
	• 11	hanned .							
				▲					
	65.			A					
	66.			^					
	67.	TOTAL. ADD lines 60 - 66	·			690			
	68.	TOTAL CREDITS.ADD columns A and B on line 67 and enter here	<u></u> .	<u></u>				3.	690
STEP 10	69.	If line 68 is more than line 59, SUBTRACT line 59 from line 68. This is th	e amoui	at you overpaid.			69		690
Refund	70.	Amount of line 69 to beREFUNDED					REFUND 70). 🔺	690
or		Amount of line 69 to beREFUNDED For a faster refund file electronically. Go to www.iowa.gov/tax for d	etails o	mail return to					
Amount You Owe	71.	towa Income Tax - Refund Processing, Hoover State Office Bldg, De Amount of line 69 to be applied to your 2012 estimated tax 71		es IA 50319-0120					
i du Owe					L		70		
		If line 68 is less than line 59, SUBTRACT line 68 from line 59. This is the	AMOUI					<u> </u>	
	73.	Penalty for underpayment of estimated tax from IA 2210 or IA 2210F		Check if annualize	d income m			s. 🔺	
	74,	Penalty and interest	A	74b. Interest			ADD Enter total 74	ŀ	
	75.	TOTAL AMOUNT DUE.ADD lines 72, 73, and 74, and enter here				PAY	THIS AMOUNT 75	j. 🔺	
		You can pay online at www.iowa.gov/tax or pay by mail to lowa Inco PO Box 9187, Des Moines IA 50306-9187. Make Check payable to Tr			ng,				
STEP 11		TCAL CHECKOFF. This checkoff does not increase the	6434161	\$1.50 to Democratic	Perth		\$1 50 to D	emocratic Pa	rty I
		t of tax you own or decrease your refund	-		- 7	• • • • • •			·
-		A SPOUS	iE:	\$1.50 to Republican I	, L			tepublican Par	
				\$1.50 to Campaign F	fund []	\$1.50 to C	Campaign Fun	d
	1	(We), the undersigned, declare under penalty of perjury the	hat I (v	ve) have examined	this retu	m, including	all accompanying	schedules	
STEP 12		and statements, and, to the best of my (our) knowledge an	nd belie	ef, it is a true, corre	ct, and co	omplete retur	n. Declaration of p	preparer	
STEP 12	а					•		•	
STEP 12		other than taynayer) is based on all information of which t		pulor nuo uny idioi	mougo.				
STEP 12 PLEASE	s (other than taxpayer) is based on all information of which t	ne pre	-					
) (x <u>11/11/11</u>			IKKERS CPA		04/05/12
PLEASE	е _			X 11/11/11 Deceased Date of Deat			IKKERS CPA		04/05/12 Date
PLEASE SIGN HER	€ F Ţ	· · · ·			h Preparei		IKKERS CPA		
PLEASE SIGN HER	E -	Your Signature Date C	Check if		h Preparei	r's Signature .277139			04/05/12 Date
PLEASE	E -	Your Signature Date (Check if	Deceased Date of Deat	h Preparei	r's Signature .277139		710-	Date
PLEASE SIGN HER	E -	Your Signature Date (Check if	Deceased Date of Deat	h Preparei	r's Signature .277139			

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	ontrol Number (DCN) 420512 - 01	.960 - 2		Department of I owa.gov/tax	Revenue	201	1 IA 8453-IN
					ome Tax De	claration	for an E-File Ret
ELVA	, middle initial E ame, middle initial	Last name BRUNSTING Last name		Your Social Secu <u>481-30</u> - Spouse Social Se	-4685	Clien	t Copy
me address ((number and street) or PO Bo	<u>і</u> ×			·		
03 BL	OOMINGDALE	CIR					
y, state, and i		my 77004					
ICTOR		<u>TX 77904</u>		B	Spouse		J A. You or Joint
~~~~~		ation - Tax year ending		2 <b>011</b> (fili	ng status 3)	,	
1. Iowa I	Net Income (IA 1040, li	ne 26 A & B)		1B		1A	130,839
2. Total	Tax (IA 1040, line 46 A	& B) A 1040, line 60 A & B)	, , . , ,	2B		2A	359
3. Iowa I	income Tax Withheld (I	A 1040, line 60 A & B)		38		3A	690
		1040, line 70) line 75)					
		(payer (Be sure to keep				. •	
Under penalti with the amou is true, correct full and timely deposited as direct deposit return will be reason(s) for treansmission	I authorize the lowa Departm withdrawal (direct debit) entr owed on this return, and the date). I also authorize the fin confidential information nece NOTE: This electronic v you currently have a de withdrawal from our ba a. Name of financial in b. Routing Number c. Account Number d. Type of Account: e. Will this refund go to ies of perjury, I declare that th unts shown on the correspon- ct, and complete. I consent th ERO and retrieved by the low y payment of my tax liability I designated in Part II and dec t, there is an irrevocable appor rejected. If the processing of the delay or when the refund	113000023 58602756352 Savings X Chi o (or payment come from) a ne information I have provided to my ding lines of the electronic portion of at my return, including any accompa a Department of Revenue (IDR). If I will remain liable for the tax liability a lare that the information shown in Pa- lare that the other spouse to recei my return, refund, or direct debit is c was sent. I also consent to the IDR was sent. I also consent to the IDR	ated financial agent to inil indicated below for payme to this account on essing of the electronic pa- e issues related to the pa- count will be identified ase contact your fina- pany ID. F' AMERICA The first two dig 23 ecking n account outside the Electronic Retum Origina my lowa income tax retur nying schedules and statk have filed a balance due and al applicate penalties at Il is correct. If I have fil ve the refund. If there is a belayed, I authorize the ID sending to my ERO and/c	iate an electronic funds int of my individual lowa int of my individual lowa ment. d with the ACH Com- ncial institution to r ts must be 01 through 1 ts must be 01 through 1 e United States? tor (ERO) and the amoun. To the best of my kno- ments, be sent to the In eturn, I understand that and interest. I consent the error on my Federal re R to disclose to my ERO r transmitter an acknow	taxes (the payment/settle we mpany ID 4426004 equest that they 2 or 21 through 32. Yes ints shown in Part I a wiledge and belief m themal Revenue Serv- if the IDR does not r that my refund be dil tate return and electe stum, I understand m D and/or transmitter ti ledgment of receipt C	4574. If allow a	
Sign Here	A	<u> </u>		<b>b</b>			
	Your Signature	Da		, ,	ture. If a joint return,	both must sign.	Date
I declare tha am only a co have signed followed all o 8453-IND, w the IDR upor schedules an	t I have reviewed the above t ollector, I am not responsible i this return before submitting other requirements described ith attachments, on file for thin n request. If I am a paid prepa	ctronic Return Original axpayer's return and that entries on a for reviewing the return and only dec to the IRS. I have provided the taxpe in the Iowa Electronic Filing Handbo ree years from the due date of the re arer, under penalties of perjury. I dec at of my knowledge and belief, they a	form IA 8453-IND are con lare that this form accurat ayer with a copy of all form ook and the lowa Modernia turn or the filing date, whi clare that I have examined	plete and correct to the ely reflects the data on t s and information to be ed eFile (MeF) develop thever is later, and I will the above taxpayer's re	the return. The taxpa filed with the IDR an er guide. I will keep f make a copy availab eturn and accompany based on all informa	yer will d have orm IA ble to ving tion of	
ERO	ERO Signature		Date	Check if paid preparer	Check if self-employed	ERO's SSI	N or PTIN
Use	RICHARD K RIK	KERS CPA	04/05/12	Name of the part o		] P001	44154
	Firm's name (or yours if self-employed), address and ZIP code	KROESE & KROE 540 NORTH MAI SIOUX CENTER	SE P.C. N AVENUE	A 51250-1	824	1	1277139
Daid	Paid Preparer's	WILCOX CHINTHN	Date	Check	the second se	aparer's SSN or PT	
	Signature			self-en	npioyed		
renaror.	7			1			
Use							
Cinly	Firm's name (or yours					FEIN Phone Number	

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การของสารของสาราสารของสาราร์ สาราชาวิทยาสารสารุปของนี้ถายสาราว กายสารากการระการการการ สาราร์ 
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#### **lowa Itemized Deductions**

If you itemize deductions, enclose a copy of this schedule or a copy of the federal Schedule A with your return.

	Client Conv
Name(s) as shown on page 1 of the IA 1040	Social Security Number
NELVA E BRUNSTING	481-30-4685

NOTE: If you have federal bonus depreciation/section 179, please see the 2011 Expanded Instructions on our Web site.

Medical and		Do not include health insurance premiums deducted on IA 1040, line 18.			
Dental	1.	Medical and dental expenses 1	117,831		
Expenses	2.	Multiply the amount on federal form 1040*, line 38 as adjusted for disallowance of bonus			
		depreciation/section 179, from line 14 of the IA 1040 by 7.5% (.075). Enter result here 2.		3.	106 100
	3.	Subtract line 2 from line 1. If less than zero, enter zero.		J.	106,420
Taxes	4.	State and Local (Check only one box):			
You		a Other state and local income taxes. Do not include lowa Income Tax	1,137		
Paid		Include School District Surtax and EMS Surtax paid in 2011 OR			
		b X General sales taxes only from line 5b of the Federal Schedule A.			
	5.	Real estate taxes 5	2,027		
	6.		57		
	7.	Other taxes. List the type and			
		amount. FOREIGN TAXES - 1041-GT 7.	123		
	8.	Add amounts on lines 4, 5, 6, and 7. Enter the total here.		8.	3,344
Interest	9a	Home mortgage interest and points reported on federal form 1098 9a.			
You	9b	Home mortgage interest not reported on federal form 1098			
Paid	10.	Points not reported on federal form 1098 10.			
	11.	Qualified mortgage insurance premiums 11.			
	12.	Investment interest. Attach federal form 4952 if required. 12.			
	13.	Add lines 9a-12. Enter total here.			
Gifts	14.	Contributions by cash or check			
to	15.	Other than by cash or check. You must attach federal form 8283 if more than \$500,			
Charity	16.	Carryover from prior year as adjusted for disallowance of bonus depreciation			
-	17.	Add lines 14 through 16. Enter total here.		17.	60
sualty/Theft Loss	18.	Casualty or theft loss(es). Attach federal form 4684.			
	19.	Unreimbursed employee expenses. Attach federal form 2106 or 2106-EZ if required			
•	20.	Tax preparation fees 20.			
Misc.	21.	Other expenses. List type and			
Deductions		amount 21			
Deddottorio	22.	Add the amounts on lines 19, 20, and 21. Enter the total here. 22.			
	23.	Multiply the amount of federal form 1040°, line 38 as adjusted for disallowance of bonus			
	-0.	depreciation/section 179, from line 14 of the IA 1040* by 2% (.02). Enter the result here, 23.			
	24.	Subtract line 23 from line 22. Enter the total. If less than zero, enter zero.		24.	C
Other Misc.	25.	Other miscellaneous deductions not subject to 2% AGI Limit. List type			
Deductions		and amount.		25.	
Total	26.			26.	109,824
Itemized	~~~				
Deductions		If using filing statuses 1, 2, 5, or 6, enter the amount on Step 7, line 39	of the IA 1040.		
			020105		V011
Proration		Complete lines 27 through 31 ONLY if you are using filing status 3 or 4.	SPOUSE	07.	YOU
	27.	Enter the Iowa net income of both spouses from IA 1040, line 26 27b			
	28.	Total lowa net income, add columns 27a and 27b. Enter the total here.			
Between	29.	Divide the amount on line 27a by the amount on line 28. Enter the percentage here.			
	201	Multiply line 26 by the percentage on line 29. Enter here and on IA 1040, line 39, col	umn A (YOU)	JU.	
•	30. 31.	Subtract line 30 from line 26. Enter here and on IA 1040, line 39, column B. If you ar		· · · · · · · · · · · · · · · · · · ·	

*If you filed federal 1040A, see line 21; if federal 1040EZ, see line 4.



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# Iowa Department of Revenue www.iowa.gov/tax

# 2011 IA 1040 Schedule B

#### Interest and Dividend Income

Social Security Number

Name(s) as shown on page 1 of the IA 1040

Name(s) as snown on page 1 of the IA 1040	
NELVA E BRUNSTING	Client-Copyes
	1040 surge liferous and required to complete Cabedula D

NOTE: You must report all taxable interest and dividends on IA 1040, even if you are not required to complete Schedule B.

- PART I:You must complete this part if you received more than \$1,500 in interest in 2011. Interest income which<br/>should be reported includes earnings from savings and loan associations, mutual savings banks, cooperative<br/>banks, credit unions, and bank deposits; state and municipal bonds (see instructions for IA 1040, line 2,
- **INCOME** Taxable Interest Income), and interest from tax refunds. Do not report interest from federal securities.

For each payer, indicate the type of account. If the interest was earned by you, check the column labeled "Taxpayer." If the interest was earned by your spouse, check "Spouse." If the interest was earned jointly, check "Joint." Check only one for each payer.

Interest Income. List Names of All Payers.

	Check or	he for each	payer	
Name of Payer	Taxpayer	Spouse	Joint	AMOUNT
EDWARD JONES	X			463
EDWARD JONES	X			387
· · · · · · · · · · · · · · · · · · ·				
				·····
			I., I.	
Total Taxable Interest Income.				
Add the amounts. Enter here and on IA 1040, line 2.				850

PART II: You must complete this part if you received more than \$1,500 in gross dividends in 2011. Deduct that portion of any net dividend from mutual funds that is attributable to federal securities.

DIVIDENDFor each payer, indicate the type of account. If the dividends were earned by you, check the column labeled<br/>"Taxpayer." If the dividends were earned by your spouse, check "Spouse." If the dividends were earned jointly,<br/>check "Joint." Check only one for each payer.

Dividend Income. List Names of All Payers.

	Check on	e for each	payer	
Name of Payer	Taxpayer	Spouse	Joint	AMOUNT
CHEVRON CORPORATION	X			609
METLIFE	X			70
EXXON MOBILE	X			1,756
EDWARD JONES	X			2,697
DEERE & COMPANY	X			15
FROM BENEFICIARY'S SCHEDULE K-1	X			8,092
	······			······································
		<b> </b>		
Total Taxable Dividend Income.		,	۱	
Add the amounts. Enter here and on IA 1040, line 3.				13,239



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2011 IA 126

Name(s) as shown on page 1 of the IA 1040 NELVA E BRUNSTING	Social Security Number		
MARK THE APPROPRIATE BOX FOR YOU AND YOUR SPOUSE	YOU MUST FILE THIS F		
You are a nonresident of Iowa	<ul> <li>You are a nonreside from Iowa sources, c</li> </ul>	You are a nonresident of Iowa with income from Iowa sources, or	
You are a part-year resident of Iowa	You are a part-year lowa resident		
Date moved into Iowa:			
and/or	Enclose this form and		
Date moved out of Iowa:	return with your lowa	. ,	
	• •	ce income on the IA 126.	
Your spouse is a nonresident of Iowa	<ul> <li>You may benefit by us</li> </ul>	ing filing status 3 or 4.	
Your spouse is a part-year resident of Iowa	IOWA-SO	IOWA-SOURCE INCOME	
Date moved into lowa:			
and/or	B. SPOUSE	A. YOU OR JOINT	
Date moved out of Iowa:	Filing Status 3 Only		
1. Wages, salaries, tips, etc.	1		
2. Taxable interest income			
3. Ordinary dividend income	3		
4. Alimony received			
5. Business income or (loss)			
6. Capital gain or (loss)	6		
7. Other gains or (losses)	7		
8. Taxable IRA distributions	0	······································	
9. Taxable pensions and annuities	9.		
10. Rents, royalties, partnerships, estates, etc.			
11. Farm income or (loss)			
12. Unemployment compensation	12		
13. Taxable Social Security benefits.	13		
14. Other income, gambling income, bonus depreciation/section 179 adjustment			
15. GROSS INCOME.ADD lines 1-14.			
16. Payments to an IRA, Keogh, or SEP while an Iowa resident			
17. Deduction for self-employment tax	17		
18. Health insurance deduction	10		
19. Penalty on early withdrawal of savings	19		
20. Alimony paid			
21. Pension/retirement income exclusion			
22. Moving expense deduction into Iowa only			
23. Iowa capital gain deduction			
24. Other adjustments	24		
25. Total adjustments. ADD lines 16-24.	25		
26. IOWA NET INCOME. SUBTRACT line 25 from line 15. LOW INCOME EXEMPTI			
27. All-source net income from line 26, IA 1040			
	100	.0% 100.0%	
28. Iowa income percentage: Divide line 26 by line 27 and enter percentage rounded to			
the nearest tenth of a percent. This can be no more than 100.0% and no less than 0.0%	6 28	%	
29. Nonresident/part-year resident credit percentage:			
Subtract the percentage on line 28 from 100.0%.		<u>%</u> <u>    100.0</u> %	
30. Iowa tax on total income from line 43, IA 1040	30	359	
31. Total credits from line 49, IA 1040	31	60	
32. Tax after credits. Subtract line 31 from line 30.		299	
33. Nonresident/part-year resident tax credit. Multiply line 32 by the percentage on line 29.	33	299	
		AMOUNT ON LINE 51, IA 1040	



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#### Iowa Department of Revenue

www.iowa.gov/tax

l l	Iowa Minimum Tax Computation		
Name(s) as shown on IA 1040 or IA 1041	SSN or FEIN Client C	Client Copy	
		81-30-4685	
PART I: Adjustments and Preferences. See instructions.			
If you itemized deductions on Schedule A, start on line 1. If you did not itemize on your IA	1040, start on line 7.		
1. Medical and dental from line 2, federal form 6251		3,804	
2. Taxes from line 3, federal form 6251, less any lowa income tax included on that line	2.	3,344	
3. Certain interest on a home mortgage not used to build, buy, or improve your home, from line 4, federal form			
4. Miscellaneous itemized deductions from line 5, federal form 6251			
5. Refund of taxes from line 7, federal form 6251, less any lowa income tax included on that line	5.		
6. Investment interest from line 8, federal form 6251, less interest and expense related to private			
activity bonds issued after 08/07/86	6	0	
7. Post - 1986 depreciation from line 18, federal form 6251	7		
8. Adjusted gain or loss from line 17, federal form 6251	8		
9. Incentive stock options from line 14, federal form 6251	9		
10. Passive activities from line 19, federal form 6251			
11. Beneficiaries of estates and trusts from line 15, federal form 6251	11		
12. Enter the amount for each corresponding item from federal form 6251. Enter total on line 12.			
a. Circulation expenditures (line 21) a h. Patron's adjustment h			
b. Depreciation (pre-1987) b i. Pollution control facilities i			
C. Installment sales (line 25) C j. Research and experimental (line 24) j			
d. Large partnerships (line 16), d k. Section 1202 exclusion (line 13) k			
e. Long-term contracts (line 22) e I. Tax shelter farm activities I			
f. Loss limitations (line 20) f m. Related adjustments (see instr.) (line 27) m	0		
.g. Mining costs (line 23)	12		
13. Total Adjustments and Preferences.Combine lines 1 through 12.		7,148	
PART II: Alternative Minimum Taxable Income			
14. Taxable income from IA 1040, line 42; or IA 1041, line 22	14	11,802	
15. Net operating loss deduction. Do not enter as a negative amount.	15		
16. Combine lines 14 and 15.	16	11,802	
17. Add lines 13 and 16.		18,950	
18. Alternative tax net operating loss deduction. See instructions.	18		
19. Alternative Minimum Taxable Income. Subtract line 18 from line 17.			
PART III: Exemption Amount and Alternative Minimum Tax			
20. Enter \$35,000 (*\$17,500 if filing status 3 or 4; \$26,000 if single, head of household or qualifying widow(er))	20	26,000	
21. Enter \$150,000 (*\$75,000 if filing status 3 or 4; \$112,500 if single, head of household or qualifying widow(er)	)) 21	112,500	
22. Subtract line 21 from line 19. If the result is zero or less, enter zero.	22	0	
23. Multiply line 22 by 25% (0.25).	00		
24. Subtract line 23 from line 20. If the result is zero or less, enter zero.		26,000	
25. Subtract line 24 from line 19. If the result is zero or less, enter zero.		· · · · · · · · · · · · · · · · · · ·	
26. Multiply line 25 by 6.7% (0.067).		0	
27. Regular tax after credits. See instructions.	27	299	
28. Iowa Minimum Tax. Subtract line 27 from line 26, enter here and on IA 1040, line 45, or IA 1041,			
line 25. See instructions for Minimum Tax Limited to Net Worth. If less than zero, enter zero.		0	
PART IV: NONRESIDENTS AND PART-YEAR RESIDENTS ONLY - Complete lines 29 - 32.			
29. Enter lowa net income plus lowa adjustments and preferences. See instructions. If less than zero, enter zero		<u> </u>	
30. Total net income plus total adjustments and preferences. See instructions.	30	137,987	
31. Divide line 29 by line 30 and enter the result to three (3) decimal places.	<b>••</b>		
32. Iowa Minimum Tax. Multiply line 28 by line 31. Enter here and on IA 1040, line 45, or IA 1041,			
line 25. See instructions for Minimum Tax Limited to Net Worth. If less than zero, enter zero.		0	

*Exemption levels of \$17,500 and \$75,000 on lines 20 and 21,

respectively, also apply to an estate or trust.



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