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Form **990-PF**

Return of Private Foundation

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

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0052

2010

For	calendar y	ear 2010, or tax yea	ar beginning		, and ending				
G	Check all th	at apply:	Initial return		ormer public charity	Final retu	ırn		
_			Amended return	Address chan	ige L	Name change			
Name of foundation						A Employer identification number			
	_					00 101006	•		
-			LDS FOUNDAT		1	20-191936	2		
Nu		•	if mail is not delivered to stree		Room/sur	D Telephone manager	4.40		
			BARR, 50 SOL	<u>JTH 6TH STREE</u>	T 1500	612-492-6			
Cıt		state, and ZIP code				C If exemption application is			
<u> </u>		IINNEAPOL:		02-1498		D 1. Foreign organizations	ons, check here		
H_			X Section 501(c)(3) 6			Foreign organizations check here and attach	computation		
<u>L</u>		4947(a)(1) nonexem		Other taxable private found		E If private foundation s			
		alue of all assets at	· · · —	ting method: X Cash	Accrual	under section 507(b)((1)(A), check here		
•		I, col (c), line 16)		Other (specify)	6 1		a 60-month termination		
	<u>►\$</u>			umn (d) must be on cash	Dasis)	under section 507(b)			
P	art I Ana (The nece	Ilysis of Revenue at total of amounts in colu essarily equal the amour	nd Expenses umns (b), (c), and (d) may not nts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)		
	1 Conti	ributions, gifts, gran	ts, etc., received	5,002,316.		N/A			
	2 Check		on is not required to attach Sch. B						
	3 Interes	st on savings and tempi investments	orary						
	ı	ends and interest fro		141,402.	141,40	2.	STATEMENT 1		
	5a Gross	s rents							
	b Net re	ental income or (loss)							
2011	6a Net ga	ain or (loss) from sale of	assets not on line 10	548,113.					
5 20'	b Gross	s sales price for all s on line 6a	1,540,873.						
	7 Capita	al gain net income (from	Part IV, line 2)		548,11	3.			
ಿ ನಿ	8 Nets	hort-term_capital_ga							
<u>></u>	9 Incor	ne modifications ${\mathcal R}$	FCFIAFA		-		ļ		
NOV	10a and al								
\subseteq	b Less	Cost of goods sold N	0V 2 3 2011						
ឬ្ប	c Gross	s profit or (Poss)							
2		r income		T <u> </u>	600 51	F	_		
(別名を)で		I. Add lines 1 throug		5,691,831.	689,51				
7克	1 ' . '	ensation of officers, dire		0.		0.	0.		
	1	r employee salaries a	J						
ģ		ion plans, employee	benetits						
nse	16a Legal		amym o	6,550.		0.	0.		
9	b Acco	unting fees	STMT 2	42,107.			0.		
Ú.	c Otner	r professional fees	STMT 3	42,107.	42,10	/ •	<u> </u>		
ţį	17 Intere		STMT 4	1,265.	1,26	<u> </u>	0.		
Operating and Administrative Expenses	18 Taxes			1,203.	1,20	<u> </u>			
Ë	19 Depre	eciation and depletio pancy	л						
Ą	21 Trave	el, conferences, and	maatinge	·					
ğ	21 Trave 22 Printi	ing and publications			-				
ă	23 Other	r expenses							
ţi	24 Total	operating and adm	ninietrative .				†		
era	24 IUlai	nses. Add lines 13 t		49,922.	43,37	2.	0.		
õ	25 Contr	ributions, gifts, grani	_	1,325,000.	23,37		1,325,000.		
		expenses and disb		2/323/0001					
		ines 24 and 25		1,374,922.	43,37	2.	1,325,000.		
		ract line 26 from line	: 12:						
			nses and disbursements	4,316,909.					
	1	nvestment income (646,14	3.			
		sted net income (if n				N/A			
0235	-		eduction Act Notice see	the instructions			Form 990-PF (2010)		

Form 990-PF (2010)

Page 3

. (a) List and de	scribe the k	and(s) of property sold (e.g.	, real estate,	it income	(b) H	ow acquired Purchase	(c) Date	acquired day, yr.)	(d) Date sold (mo., day, yr.)
2-story brick warehouse; or common stock, 200 shs. MLC Co.) 1a PUBLICLY TRADED SECURITIES				1 0 -	Donation	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,	(**************************************	
b	<u> </u>	CONTILIE							
C									
d					<u> </u>				L
<u>e</u>					1				
(e) Gross sales price		Depreciation allowed (or allowable)		st or other basis expense of sale				Sain or (loss) is (f) minus ((g)
a 1,540,873	•	 		992,76	50.				548,113.
<u>b</u>	-								
<u> </u>									
<u>d</u>	 								
Complete only for assets show	ling gain in	column (h) and owned by t	he foundation	n on 12/31/69			I) Gaine //	Col. (h) gaın	minue
(i) F.M.V. as of 12/31/69		(j) Adjusted basis as of 12/31/69	(k) E:	cess of col. (I)		co	l. (k), but	not less thar (from col. (l	1 -0-) or
		43 01 120 1/03		COL ()), II ully	-				548,113.
b	-								340,113.
C									
d	+					···			
e	1			· · -	$\neg \uparrow$	 			
		C If goin, also enter	ın Dart I. lına	7	7			-	
2 Capital gain net income or (net	capital loss	If gain, also enter If (loss), enter -0-	in Part I, line	7	<i></i>	2			548,113.
3 Net short-term capital gain or (I			d (6):		٦١				•
If gain, also enter in Part I, line if (loss), enter -0- in Part I, line		c).			 	2		N/A	
Part V Qualification	Under S	Section 4940(e) for	Reduced	Tax on Net	Inve	stment in	come	И/А	
If section 4940(d)(2) applies, leave Was the foundation liable for the se If "Yes," the foundation does not qu The Enter the appropriate amount in	ection 4942 alify under	tax on the distributable amosection 4940(e). Do not cor	nplete this pa	art.				<u> </u>	Yes X No
	t cacif cold	(b)	- CHOICE	, making any char	(c)		1		(d) ution ratio
(a) Base period years Calendar year (or tax year begin	nina in)	Adjusted qualifying dist	ributions	Net value of no		able-use assets	;	Distrib (col. (b) divi	ution ratio ided by col. (c))
2009		2,02	8,643.		1,	717,390).		1.181236
2008		1,88	6,678.		3,	749,209).		.503220
2007			9,692.			017,292			.525800
2006			2 <u>,565.</u>			<u>050,783</u>			.292216
2005		1,65	<u>4,865.</u>		9,	150,538	3 •		.180849
2 Total of line 1, column (d)							2		2.683321
3 Average distribution ratio for the	-		n line 2 by 5,	or by the number	of year	S		1	
the foundation has been in exist	tence if less	than 5 years	-				3		.536664
4 Enter the net value of noncharit	able-use as	sets for 2010 from Part X, I	ne 5				4		9,532,657.
5 Multiply line 4 by line 3							5	!	5, <u>115,834</u> .
6 Enter 1% of net investment inco	me (1% of	Part I, line 27b)					6		6,461.
7 Add lines 5 and 6							7		5,122,295.
8 Enter qualifying distributions fro	om Part XII,	line 4					8		1,325,000.
If line 8 is equal to or greater the See the Part VI instructions.	an line 7, ch	eck the box in Part VI, line	1b, and comp	olete that part usin	g a 1%	tax rate.			

			919362		Page 4
P	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 49	948 - s	see instri	uctio	ns)
18	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.				
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)				
t	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🔲 and enter 1%	1	1	2,9	23.
	of Part I, line 27b				
(: All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2			0.
3	Add lines 1 and 2	3	1	2,9	23.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	1	2,9	23.
6	Credits/Payments:				
a	2010 estimated tax payments and 2009 overpayment credited to 2010 6a 5, 281.				
b	Exempt foreign organizations - tax withheld at source	- 1			
C	Tax paid with application for extension of time to file (Form 8868) 6c 14,500.				
d	Backup withholding erroneously withheld	1			
	Total credits and payments. Add lines 6a through 6d	7	_ 1	9,7	81.
	Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached	8			
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		6,8	58.
11_	Enter the amount of line 10 to be: Credited to 2011 estimated tax	11			0.
Pε	rt VII-A Statements Regarding Activities				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	n		Yes	No
	any political campaign?		1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?		1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published	or		l	
	distributed by the foundation in connection with the activities.				
C	Did the foundation file Form 1120-POL for this year?		10		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:				
	(1) On the foundation. ▶ \$ 0 . (2) On foundation managers. ▶ \$]	ļ
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			1	
	managers. ► \$O.				ĺ
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		X
	If "Yes," attach a detailed description of the activities.				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3_	<u> </u>	<u> </u>
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		_4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	N/I		<u> </u>	<u> </u>
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		X_
	If "Yes," attach the statement required by General Instruction T.				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:		[
	By language in the governing instrument, or				ļ
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state legislation.	aw			l
_	remain in the governing instrument?		6	X	 -
7	Did the foundation have at least \$5,000 in assets at any time during the year?		. 7	X	
_	If "Yes," complete Part II, col. (c), and Part XV.				
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)		— I		1
	MN		— I	}	
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			₹7	l
_	of each state as required by General Instruction G? If "No," attach explanation	4	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calen	uar			
40	year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," complete Part XIV		9		X
111	Did any persons become substantial contributors during the tay year? # "Year" attach a cabadula lighting their pames and addresses		, 10 '		

Form **990-PF** (2010)

had not been removed from jeopardy before the first day of the tax year beginning in 2010?

Form 990-PF (2010) CLOVERFIELDS FOUNDATION	F 4700 M D	D	20-19193	62	Page 6
Part VII-B Statements Regarding Activities for Which	Form 4/20 May Be I	Required (contin	nued)		
5a During the year did the foundation pay or incur any amount to:					
(.1) Carry on propaganda, or otherwise attempt to influence legislation (section	• • • •		es X No		ĺ
(2) Influence the outcome of any specific public election (see section 4955);	or to carry on, directly or indir		(.		
any voter registration drive?	•		es X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes		Y	es X No		j
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section	(ਹ) ਪ		l	
509(a)(1), (2), or (3), or section 4940(d)(2)?			es 🔲 No	ļ	-
(5) Provide for any purpose other than religious, charitable, scientific, literary,	, or educational purposes, or		es X No	1	
the prevention of cruelty to children or animals? b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	dar the expentions described		ES LAJ NU	-	
section 53.4945 or in a current notice regarding disaster assistance (see instru	•	iii neguiations		5b	X
Organizations relying on a current notice regarding disaster assistance (see misro			▶┌─┐├		+2-
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f		uned			
· · · · · · · · · · · · · · · · · · ·	E STATEMENT 8		es No	1	
If "Yes," attach the statement required by Regulations section 53 494					
6a Did the foundation, during the year, receive any funds, directly or indirectly, to					
a personal benefit contract?	• • •	Y6	es X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?		- 1	6b	X
If "Yes" to 6b, file Form 8870.					Ţ <u></u>
7a At any time during the tax year, was the foundation a party to a prohibited tax s	shelter transaction?	Y6	es 🗶 No 📙		
b If "Yes," did the foundation receive any proceeds or have any net income attribi				7b	
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, Foundation Ma	ınagers, Highly	y		
List all officers, directors, trustees, foundation managers and their	compensation.		·		
Electuary of the color, and colors, and colors, four taxable managers and treat	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) E	xpense
(a) Name and address	hòurs per week devoted to position	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	accour	xpense nt, other vances
STEPHEN J. HEMSLEY	DIR, PRESIDEN				
622 FERNDALE ROAD WEST					
WAYZATA, MN 55391	1.00	0.	0.		0.
		RETARY			
622 FERNDALE ROAD WEST	·				
WAYZATA, MN 55391	0.50	0.	0.		0.
MATTHEW S. HEMSLEY	DIRECTOR]		}	
111 4TH AVE N, #306		,			
MINNEAPOLIS, MN 55401	0.50	0.	0.		0.
		'			
		į l			
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none.	enter "NONE."		L	
	(b) Title, and average		(d) Contributions to	(e) E	xpense nt, other
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	accour	nt, other vances
NONE					
				7	
		<u> </u>			
Total number of other employees paid over \$50,000		<u> </u>			0

CLOVERFIELDS FOUNDATION		919362 Page /
Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "NO	NE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	(2) - 1) - 2	(0)
HOME		
		
**************************************		•
		·
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical inf	ormation such as the	
number of organizations and other beneficiaries served, conferences convened, research papers produced,		Expenses
1 N/A		
2		
		
3		
4	·	
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1	and 2.	Amount
1 N/A		
	,	
2		
All other program-related investments. See instructions.		
	1	
3		
Total. Add lines 1 through 3		0.

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations	s, see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:	\Box	
·a	Average monthly fair market value of securities	1a	9,075,536.
b		1b	602,288.
C	Fair market value of all other assets	10	
d		1d	9,677,824.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	9,677,824.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	145,167.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	9,532,657.
6	Minimum investment return. Enter 5% of line 5	6	476,633.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here and do not complete this part.)	d certain	
1	Minimum investment return from Part X, line 6	1	476,633.
2a	Tax on investment income for 2010 from Part VI, line 5		
b	Income tax for 2010. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	12,923.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	463,710.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	463,710.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	463,710.
P	art XII Qualifying Distributions (see instructions)	 1	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		4 005 000
a	Expenses, contributions, gifts, etc total from Part i, column (d), line 26	_1a	1,325,000.
Ь	Program-related investments - total from Part IX-B	_1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	1 225 000
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	1,325,000.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	_	^
_	income. Enter 1% of Part I, line 27b	5	1 225 000
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	1,325,000.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years.	jualities to	or the section

CLOVERFIELDS FOUNDATION

Form **990-PF** (2010)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
Distributable amount for 2010 from Part XI.	Обіраб	roard prior to 2000		1010
line 7				463,710.
2 Undistributed income, if any, as of the end of 2010				<u> </u>
a Enter amount for 2009 only			0.	
b Total for prior years:				
g total for prior yours.		0.		
3 Excess distributions carryover, if any, to 2010:				
a From 2005 1,172,863.				
b From 2006 1,961,472.				
c From 2007 3,350,709.				
d From 2008 1,700,528.				
eFrom 2009 1,943,133.				
f Total of lines 3a through e	10,128,705.			
4 Qualifying distributions for 2010 from	10,120,703.			
Part XII, line 4: ► \$ 1,325,000.				
a Applied to 2009, but not more than line 2a	,		0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2010 distributable amount				463,710.
e Remaining amount distributed out of corpus	861,290.			±03,710.
5 Excess distributions carryover applied to 2010	001,230.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))				<u> </u>
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	10,989,995.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'	•			
undistributed income for which a notice of				
deficiency has been issued, or on which the section 4942(a) tax has been previously				
assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2009. Subtract line				- <u>-</u>
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2010. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2011				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.1			
8 Excess distributions carryover from 2005				
not applied on line 5 or line 7	1,172,863.			
9 Excess distributions carryover to 2011.				
Subtract lines 7 and 8 from line 6a	9,817,132.			
10 Analysis of line 9:				
a Excess from 2006 1,961,472.				
b Excess from 2007 3,350,709.				
c Excess from 2008 1,700,528.				
d Excess from 2009 1,943,133.				
e Excess from 2010 861,290.				·

orm 990-PF (2010) CLOVERFIELDS FOUNDATION Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)				20-1919362 Page 1			
			A, question 9)	N/A			
1 a If the foundation has received a ruling							
foundation, and the ruling is effective for	•		▶ └;				
b Check box to indicate whether the found		ng foundation described in		4942(j)(3) or 4	942(j)(5)		
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years	1	ļ <u>-</u>		
income from Part I or the minimum	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total		
investment return from Part X for							
each year listed		==					
b 85% of line 2a							
c Qualifying distributions from Part XII,							
line 4 for each year listed							
d Amounts included in line 2c not							
used directly for active conduct of	j						
exempt activities							
e Qualifying distributions made directly							
for active conduct of exempt activities.							
Subtract line 2d from line 2c							
3 Complete 3a, b, or c for the							
alternative test relied upon:							
a "Assets" alternative test - enter:							
(1) Value of all assets				 			
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)		•					
b "Endowment" alternative test - enter							
2/3 of minimum investment return shown in Part X, line 6 for each year listed							
c "Support" alternative test - enter:							
(1) Total support other than gross							
investment income (interest,							
dividends, rents, payments on							
securities loans (section 512(a)(5)), or royalties)							
and 5 or more exempt							
organizations as provided in							
section 4942(j)(3)(B)(iii)							
(3) Largest amount of support from							
an exempt organization							
(4) Gross investment income Part XV Supplementary Info	rmation (Comple	to this part only i	f the foundation	had \$5,000 or m	ore in assets		
at any time during			i tile louridation	1 11au \$5,000 01 111	Die III assets		
		11311 40110113.7			 		
1 Information Regarding Foundation		ub 00/ of the total anata	ub ut and washing by the	foundation before the ele	as of any toy		
a List any managers of the foundation where year (but only if they have contributed in the contributed in			ibutions received by the	e touridation before the cio	se of any tax		
	nore than wo,000). (Occ 3	oction 507 (d)(2).)					
SEE STATEMENT 9					antonombro as		
b List any managers of the foundation who other entity) of which the foundation has			or an equally large porti	on of the ownership of a p	artnership or		
* * * * * * * * * * * * * * * * * * * *	io a 1070 or grouter interes						
NONE							
2 Information Regarding Contribut Check here ► X If the foundation	only makes contributions t	o preselected charitable o	organizations and does				
the foundation makes gifts, grants, etc.	 	· · · · · · · · · · · · · · · · · · ·		ompiete items za, b, c, and	ı u		
a The name, address, and telephone num	nber of the person to whor	n applications should be a	addressed:				
	- • - · · · · · · · · · · · · · · · · · 						
b The form in which applications should	be submitted and informat	ion and materials they sh	ould include:				
c Any submission deadlines:							
d Any restrictions or limitations on award	s, such as by geographica	ıl areas, charitable fields, l	kınds of institutions, or	other factors:			
, , , , , , , , , , , , , , , , , , ,							
023801 12-07-10					Form 990-PF (2010)		

023601 12-07-10

- appromentary months	11 (00111111000)			
3 Grants and Contributions Paid During the	Year or Approved for Future I	Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	status of recipient		
a Paid during the year				
	lu lu			
			ı	
SEE STATEMENT 10				
Total		· · · · · · · · · · · · · · · · · · ·	▶ 3a	1325000.
b Approved for future payment				
NONE				
Total		·	<u> </u>	0.

Analysis of Income-Producing Activities

Page 12

Enter gross amounts unless otherwise indicated.	Unrelate	ed business income	Exclude	ed by section 512, 513, or 514	(e)
	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue:	code		code	Amount	- Talletion income
a			├ ─┤		
b	<u> </u>		├ -		
c			{ }-		
d			 -		
e					
g Fees and contracts from government agencies		— ·			
2 Membership dues and assessments					
3 Interest on savings and temporary cash			1 1		
investments					
4 Dividends and interest from securities			14	141,402.	
5 Net rental income or (loss) from real estate:					· · · · · · · · · · · · · · · · · · ·
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal	_				
property					
7 Other investment income					<u></u>
8 Gain or (loss) from sales of assets other					-
than inventory			18	548,113.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a	1 1		1 1	}	
b					
c		· ·- ·-			
d		 			
e	 				
12 Subtotal. Add columns (b), (d), and (e)		0.		689,515.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	
(See worksheet in line 13 instructions to verify calculations.)					0037020.
Part XVI-B Relationship of Activities t	to the Acco	emplishment of Ex	empt	Purposes	
Line No. Explain below how each activity for which inco the foundation's exempt purposes (other than			contribu	ted importantly to the accomp	lishment of
N/A					
M/ P					· · · · · · · · · · · · · · · · · · ·
				···	
					·····
			_		·
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		····			
<u> </u>					
023621					Form 990-PF (2010)

		VERFIELDS FOUN	DATION		19362	Pa	ge 13
Part :	XVII Information Exempt Org		To and Transactions	and Relationships With Nonch	naritable		
1 Did	the organization directly or	indirectly engage in any of the f	following with any other organizati	on described in section 501(c) of		Yes	No
the	Code (other than section 50	1(c)(3) organizations) or in sec	ction 527, relating to political organ	nizations?			
	· -	undation to a noncharitable exe	mpt organization of:				
٠.	Cash				1a(1)		<u>X</u>
• •	Other assets				1a(2)		<u>X</u>
	er transactions:]	
	Sales of assets to a noncha	• •			1b(1)	-	<u>X</u> _
	Rental of facilities, equipme	noncharitable exempt organiza	ation		1b(2)		X
	Reimbursement arrangeme	•			1b(3) 1b(4)		X
	Loans or loan guarantees	111.5			1b(4)		X
		membership or fundraising so	licitations		1b(6)	-	X
		mailing lists, other assets, or p			1c		X
		· · · · · · · · · · · · · · · · · · ·		ways show the fair market value of the good:	s, other ass	ets,	
				ue in any transaction or sharing arrangement			
colu	ımn (d) the value of the goo	ds, other assets, or services rec					
(a) Line no	(b) Amount involved	 	aritable exempt organization	(d) Description of transfers, transactions, ar	nd sharing arr	angemer	nts
	 	N	/A				
							
	 						
	 	<u> </u>					
							
	- 						
	 						
							
		-	to, one or more tax-exempt organi	zations described		X	J 4/-
		ther than section 501(c)(3)) or	in section 5277		Yes	لـهـا] NO
<u> </u>	es," complete the following s (a) Name of		(b) Type of organization	(c) Description of relation	nship		
	N/Z		(c) type are garden	(4)			
						_	
				<u>_</u>			
	1		i, including accompanying schedules and ary) is based on all information of which i	d statements, and to the best of my knowledge and I preparer has any knowledge	belief, it is tru	е, согтес	:t,
Sign	\	<i>(</i>	1				
Here	Signature of officer or	·le			REAS &	<u> E</u> D	<u>IR</u>
			Date rer's signature	Title Date Check if PTIM			
	Print/Type preparer's	riepa	ioi o oignatule	self- employed	•		
Paid	DEAN D BA	(χ. gg.	Oan XI Kan	11/14/11			
Prepa		DRSEY & WHITNE	Y LLP	Firm's EIN ▶			
Use C		TODI G WITTIND		Tim Sent			
	· · · · · · · · · · · · · · · · · · ·	0 S 6TH ST, S	TE 1500				
			N 55402	Phone no. 612	340-2	2600	<u>) </u>

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

Name of the organizat	on	Employer identification number
	CLOVERFIELDS FOUNDATION	20-1919362
Organization type (chee	ck one):	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
•	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt chantable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Note. Only a section 50° General Rule	on is covered by the General Rule or a Special Rule . 1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Speci	
-	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more implete Parts I and II.	(in money or property) from any one
Special Rules		
509(a)(1) and 1	01(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of th 70(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I and II	
aggregate cont	01(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one cributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literate of cruelty to children or animals. Complete Parts I, II, and III.	
contributions fo If this box is ch purpose Do no	01(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one corruse exclusively for religious, charitable, etc., purposes, but these contributions did neeked, enter here the total contributions that were received during the year for an exclust complete any of the parts unless the General Rule applies to this organization becamable, etc., contributions of \$5,000 or more during the year	ot aggregate to more than \$1,000. lusively religious, charitable, etc.,
	n that is not covered by the General Rule and/or the Special Rules does not file Sched on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)		Page 1 of 1 of Part
Name of o	rganization	Emp	loyer identification number
CLOVE	RFIELDS FOUNDATION	2	0-1919362
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	STEPHEN J. AND BARBARA K. HEMSLEY 622 FERNDALE ROAD WEST	\$ <u>4,064,327</u> .	(Complete Part II if there
(a)	WAYZATA, MN 55391 (b)	— (c)	is a noncash contribution.
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
2	STEPHEN J. AND BARBARA K. HEMSLEY 622 FERNDALE ROAD WEST WAYZATA, MN 55391	\$937,989. 	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1401	Hamily addiess, and Elf TT	Aggi egate containations	1300 01 001101001011

(b)

Name, address, and ZIP + 4

(c)

Aggregate contributions

Person Payroll Noncash

Person Payroll Noncash

(Complete Part II if there is a noncash contribution)

(d)

Type of contribution

(Complete Part II if there is a noncash contribution)

(a)

No.

Page 1 of 1 of Part II
Employer identification number

CLOVERFIELDS FOUNDATION

20-1919362

Part II	Noncash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_1	113,244 SHS UNITEDHEALTH GROUP		
		s 4,064,327.	12/30/10
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	11,700 SHS FMC CORP		· · · _ · _ · _ · _ · _ · · · _ ·
		\$ 937,989.	12/30/10
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
3453 12-23	-10		0, 990-EZ, or 990-PF) (20

	Page of of Part III							
	Employer identification number							
	20 1010362							
olumns (a) through (e) and the fo s, chantable, etc., contributions of	20-1919362 501(c)(7), (8), or (10) organizations aggregating Illowing line entry For organizations completing f \$ \$							
(c) Use of gift	(d) Description of how gift is held							
(e) Transfer of gift								
ZIP + 4	Relationship of transferor to transferee							
(c) Use of gift	(d) Description of how gift is held							
(e) Transfer of gift								
ZIP + 4	Relationship of transferor to transferee							
(c) Use of gift	(d) Description of how gift is held							
(e) cee e, g								
(e) Transfer of gift								
ZIP + 4	Relationship of transferor to transferee							
(c) Use of gift	(d) Description of how gift is held							
(e) Transfer of gift								
ZIP + 4	Relationship of transferor to transferee							
	olumns (a) through (e) and the form chantable, etc., contributions or nation once. See instructions.) (c) Use of gift (e) Transfer of gift ZIP + 4 (e) Transfer of gift (c) Use of gift (e) Transfer of gift (c) Use of gift (e) Transfer of gift (e) Transfer of gift							

FORM 990-PF DIVIDEND	S AND	INTER	EST FROM	SECU	RITIES	STATEMENT
SOURCE		GROSS	AMOUNT		ITAL GAINS IVIDENDS	COLUMN (A) AMOUNT
RBC	•		141,402.		0.	141,402
TOTAL TO FM 990-PF, PART I, L	.N 4		141,402.		0.	141,402
FORM 990-PF	AC	COUNTI	NG FEES			STATEMENT
DESCRIPTION	EXPE	A) NSES BOOKS			(C) ADJUSTED NET INCOM	
DORSEY & WHITNEY		6,550.		0.		0
TO FORM 990-PF, PG 1, LN 16B	(6,550.		0.		0
FORM 990-PF O	THER . I	PROFES	SIONAL FI	EES		STATEMENT
DESCRIPTION	EXPE	A) NSES BOOKS	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOM	
INVESTMENT FEES	4:	2,107.	42,	,107.		0
TO FORM 990-PF, PG 1, LN 16C =	4:	2,107.	42,	107.		0
FORM 990-PF		TAX	ES			STATEMENT
DESCRIPTION	EXPE	A) NSES BOOKS	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOME	(D) CHARITABL E PURPOSES
FOREIGN TAXES		L,265.	1,	265.		0
TO FORM 990-PF, PG 1, LN 18		L,265.	1,			

2900 SHS ACE LIMITED 5000 SHS AON CORP 188,232. 230,050. 1800 SHS APACHE CORP 159,327. 214,614. 1900 SHS APACHE CORP 159,327. 214,614. 1900 SHS BAXTER INTERNATIONAL INC 55,024. 68,172. 1000 SHS BAXTER INTERNATIONAL INC 53,211. 50,620. 3000 SHS CHECK POINT SOFTWARE 89,329. 138,780. 5000 SHS CHECK POINT SOFTWARE 89,329. 138,780. 5000 SHS CHUBB CORP 247,000. 298,200. 2300 SHS CHUBB CORP 247,000. 298,200. 2300 SHS CHUBB CORP 41,829. 50,531. 1000 SHS DEVON EMERGY CORPORATION 66,384. 70,659. 12,200 SHS FMC CORP 965,766. 974,658. 340 SHS GOOGLE INC 171,495. 201,950. 1000 SHS HASBRO INC 0. 0. 2500 SHS HOLOGIC INC 45,225. 47,050. 1500 SHS JOHNSON & JOHNSON 0. 0. 1554 SHS KIMDER MORGAN MEMT LLC 81,424. 103,932. 2500 SHS LIFE TECHNOLOGIES CORPORATION 121,718. 138,750. 2300 SHS MICROSOFT CORP 88,648. 122,070. 2300 SHS MICROSOFT CORP 88,648. 122,070. 2300 SHS ST JUDE MEDICAL INC 1500 SHS WESTER STREET CORP 160,000 SHS WINTEDHEALTH GROUP 1700 SHS WESTER STREET CORP 1700 SHS WESTER STREET CORP 1700 SHS WESTERN UNION CO 1700 SHS WESTERN UNITEDHEALTH GROUP 1700 SHS WESTERN UNI	FORM 990-PF CO	ORPORATE STOCK		STATEMENT S
188, 231. 230,050.	DESCRIPTION		BOOK VALUE	
1800 SHS APACHE CORP 159,327. 214,614.	2900 SHS ACE LIMITED		-	
1900 SHS AXIS CAPITAL HOLDINGS LTD 1000 SHS BAXTER INTERNATIONAL INC 1000 SHS CHECK POINT SOFTWARE 1000 SHS CHUBB CORP 1000 SHS CHUBB CORP 1000 SHS CHUBB CORP 1000 SHS CHUBB CORP 1000 SHS DEVON ENERGY CORPORATION 1000 SHS DEVON ENERGY CORPORATION 1000 SHS FMC CORP 1000 SHS FMC CORP 1000 SHS FMC CORP 1000 SHS GOOGLE INC 1000 SHS HOLDGIC INC 1000 SHS HOLDGIC INC 1000 SHS HOLDGIC INC 1000 SHS JUMAX CORP 1000 SHS SIMAX CORP 1000 SHS SIMAX CORP 1000 SHS SIME CORPORATION 10154 SHS KINDER MORGAM MGMT LLC 10150 SHS SIME SUBJECT TECHNOLOGIES CORPORATION 10150 SHS SIME SUBJECT SUBJEC				
1000 SHS BAXTER INTERNATIONAL INC 33000 SHS CHECK POINT SOFTWARE 89,329. 138,780. 7000 SHS CHEVRON 5000 SHS CHEVRON 5000 SHS CHUBB CORP 247,000. 298,200. 2300 SHS COMCAST CORP 41,829. 50,531. 900 SHS DEVON ENERGY CORPORATION 66,384. 70,659. 12,200 SHS FMC CORP 965,766. 974,658. 340 SHS GOOGLE INC 171,495. 201,950. 1000 SHS HASBRO INC 0. 0. 0. 1500 SHS HASBRO INC 45,925. 47,050. 1500 SHS HASBRO INC 45,925. 47,050. 1500 SHS IMAX CORP 40,950. 42,105. 900 SHS JOHNSON & JOHNSON 0. 0. 1554 SHS KINDER MORGAN MGMT LLC 81,424. 103,932. 2500 SHS LIFE TECHNOLOGIES CORFORATION 121,718. 138,750. 2500 SHS GNACLE CORP 64,083. 64,193. 3900 SHS ORACLE CORP 88,648. 122,070. 2000 SHS STATE STREET CORP 69,944. 69,510. 3200 SHS THERMO FISHER SCIENTIFIC INC 155,712. 177,152. 2266 SHS TIME WARNER INC 80,849. 72,897. 113,244 SHS UNITEDHEALTH GROUP 4,936,000. 5,777,600. 413,244 SHS UNITEDHEALTH GROUP 4,936,000. 5,777,600. 413,244 SHS UNITEDHEALTH GROUP 4,936,000. 5,777,600. 413,244 SHS UNITEDHEALTH GROUP 4,964,327. 4,089,241. 2000 SHS WALT DISNEY CO HOLDING CO 74,039. 74,280. 4100 SHS WESTERN UNION CO 74,039. 74,280. 4100 SHS WESTERN UNION CO 74,039. 74,280. 4100 SHS WESTERN UNION CO 74,039. 74,280. 4100 SHS UNILEVER PLC 708,180. 5797,600. 4000 SHS UNILEVER PLC 708,180. 5797,600. 4000 SHS UNILEVER PLC 708,180. 5797,600. 4000 SHS UNILEVER PLC 708,180. 679,360.				
3000 SHS CHECK POINT SOFTWARE 89,329.		D	-	
7000 SHS CHEVRON				
247,000				
2300 SHS COMCAST CORP 41,829. 50,531				
900 SHS DEVON ENERGY CORPORATION 66,384. 70,659. 340 SHS GOOGLE INC 965,766. 974,658. 340 SHS GOOGLE INC 0. 0. 0. 2500 SHS HASBRO INC 0. 0. 0. 2500 SHS HOLOGIC INC 45,925. 47,050. 1500 SHS IMAX CORP 40,950. 42,105. 900 SHS JOHNSON 4 JOHNSON 0. 0. 0. 1554 SHS KINDER MORGAN MGMT LLC 81,424. 103,932. 2500 SHS LIFE TECHNOLOGIES CORPORATION 121,718. 138,750. 2300 SHS MICROSOFT CORP 64,083. 64,193. 3900 SHS ORACLE CORP 88,648. 122,070. 2000 SHS ST JUDE MEDICAL INC 78,672. 85,500. 1500 SHS STATE STREET CORP 69,944. 69,510. 3200 SHS THERMO FISHER SCIENTIFIC INC 155,712. 177,152. 2266 SHS TIME WARNER INC 80,849. 72,897. 160,000 SHS UNITEDHEALTH GROUP 4,936,000. 5,777,600. 14,039. 74,280. 2000 SHS WESTERN UNION CO 744,039. 74,280. 2015 SHS STEEN STREET CORP 78,000. 15,777,600. 2016 SHS STEEN UNION CO 74,039. 74,280. 2017 SHS WESTERN UNION CO 74,039. 74,280. 2018 SHS INITEDHEALTH GROUP 289,012. 359,183. 22,000 SHS UNITEDHEALTH GROUP 289,012. 359,183. 22,000 SHS UNITEDHEALTH GROUP 36,000. 57,776.00. 2015 SHS NESTLE SA-SPONSORED ADR 289,012. 359,183. 22,000 SHS UNILEVER PLC 708,180. 679,360. TOTAL TO FORM 990-PF, PART II, LINE 10B 13,663,335. 15,095,352.				
12,200 SHS FMC CORP 340 SHS GOOGLE INC 171,495. 201,950. 1000 SHS HASDRO INC 0. 0,2500 SHS HOLOGIC INC 45,925. 47,050. 1500 SHS IMAX CORP 900 SHS JOHNSON & JOHNSON 0. 0,0500 SHS JOHNSON & JOHNSON 1554 SHS KINDER MORGAN MGMT LLC 2500 SHS LIFE TECHNOLOGIES CORPORATION 121,718. 138,750. 2300 SHS MICROSOFT CORP 64,083. 3900 SHS ORACLE CORP 88,648. 122,070. 2000 SHS STJUDE MEDICAL INC 178,672. 1500 SHS STATE STREET CORP 3200 SHS STATE STREET CORP 69,944. 69,510. 3200 SHS THERMO FISHER SCIENTIFIC INC 155,712. 177,152. 2266 SHS TIME WARNER INC 80,849. 72,897. 160,000 SHS UNITEDHEALTH GROUP 4,936,000. 5,777,600. 113,244 SHS UNITEDHEALTH GROUP 4,936,000. 5,777,600. 113,244 SHS UNITEDHEALTH GROUP 4,064,327. 4,089,241. 2000 SHS WASTERN UNION CO 74,039. 74,280. 6115 SHS NESTLE SA-SPONSORED ADR 22,000 SHS UNILEVER PLC TOTAL TO FORM 990-PF, PART II, LINE 10B 13,663,335. 15,095,352. FORM 990-PF OTHER INVESTMENTS VALUATION METHOD BOOK VALUE FAIR MARKET VALUE GATHER INC COST 250,000. 250,000.				
340 SHS GOOGLE INC 1000 SHS HABSRO INC 1000 SHS HABSRO INC 2500 SHS HOLOGIC INC 1500 SHS IMAX CORP 45,925. 47,050. 1500 SHS IMAX CORP 40,950. 42,105. 900 SHS JOHNSON 0. 0. 0. 1554 SHS KINDER MORGAN MGMT LLC 2500 SHS LIFE TECHNOLOGIES CORPORATION 121,718. 138,750. 2300 SHS MICROSOFT CORP 64,083. 64,193. 3900 SHS GRACLE CORP 88,648. 122,070. 2000 SHS ST JUDE MEDICAL INC 78,672. 85,500. 1500 SHS STATE STREET CORP 69,944. 69,510. 3200 SHS STATE STREET CORP 69,944. 69,510. 3200 SHS STATE STREET CORP 69,944. 69,510. 3200 SHS STATE STREET CORP 80,849. 72,897. 160,000 SHS UNITEDHEALTH GROUP 4,936,000. 5,777,600. 113,244 SHS UNITEDHEALTH GROUP 4,936,000. 5,777,600. 113,244 SHS UNITEDHEALTH GROUP 4,064,327. 4,089,241. 2000 SHS WALT DISNEY CO HOLDING CO 74,039. 74,280. 4000 SHS WESTERN UNION CO 74,039. 74,280. 4000 SHS WESTERN UNION CO 74,039. 74,280. 4000 SHS WESTERN UNION CO 74,039. 74,280. 4000 SHS UNILEVER PLC 708,180. 679,360. TOTAL TO FORM 990-PF, PART II, LINE 10B 13,663,335. 15,095,352.			=	
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FORM 990-PF OTHER INVESTMENTS STATEMENT 6 VALUATION METHOD BOOK VALUE VALUE GATHER INC COST 250,000. 250,000.	22,000 SHS UNILEVER PLC			
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	DESCRIPTION		BOOK VALUE	
TOTAL TO FORM 990-PF, PART II, LINE 13 250,000. 250,000.	GATHER INC	COST	250,000.	250,000.
	TOTAL TO FORM 990-PF, PART II, LII	NE 13	250,000.	250,000.

FORM 990-PF	LOAL	NS PAYABLE	TO OFF	ICER'S,	DIREC	TOR'S	, ETC.	STATEMENT	r
LENDER'S NAM	E AND T	ITLE							
STEPHEN AND	BARBARA	HEMSLEY, I	DIRECTO	RS					
	TURITY DATE	INTEREST RATE	TERMS	OF REP	AYMENT				
10/29/10		.00%		-		'			
SECURITY PRO	VIDED BY	BORROWER		PURPOS	E OF L	OAN			
NONE				PROVID	E TEMP	ORARY	OPERATING	FUNDS	
DESCRIPTION (OF CONSI	DERATION	COI	FMV OF			GINAL AMOUNT	BALANCE I	OUE
CASH				500,	000.	Ç	500,000.	500	,000
		, PART II,							,000

FORM 990-PF EXPENDITURE RESPONSIBILITY STATEMENT PART VII-B, LINE 5C

STATEMENT

GRANTEE'S NAME

THE CLOVER FIELDS PRESERVATION FOUNDATION, INC.

GRANTEE'S ADDRESS

C/O DEAN BARR, 50 S 6TH STREET, STE 1500 MINNEAPOLIS, MN 55402-1498

GRANT AMOUNT DATE OF GRANT AMOUNT EXPENDED

VERIFICATION DATE

4,000. 01/25/10

4,000.

01/31/10

PURPOSE OF GRANT

CEMETERY RESTORATION

DATES OF REPORTS BY GRANTEE

JANUARY 31, 2010

ANY DIVERSION BY GRANTEE

NO

RESULTS OF VERIFICATION

CEMETERY RESTORATION

GRANTEE'S NAME

THE CLOVER FIELDS PRESERVATION FOUNDATION, INC.

GRANTEE'S ADDRESS

C/O DEAN BARR, 50 S 6TH STREET, STE 1500 MINNEAPOLIS, MN 55402-1498

GRANT AMOUNT DATE OF GRANT AMOUNT EXPENDED

VERIFICATION DATE

5,000.

12/13/10

5,000.

12/31/10

PURPOSE OF GRANT

CEMETERY RESTORATION

DATES OF REPORTS BY GRANTEE

DECEMBER 31, 2010

ANY DIVERSION BY GRANTEE

NO

RESULTS OF VERIFICATION

CEMETERY RESTORATION

C/O D BARR, 50 S 6TH ST, STE 1500 MINNEAPOLIS, MN 55402-1498

8441 WAYZATA BLVD, STE 340

GOLDEN VALLEY, MN 55426

THE LEUKEMIA & LYMPHOMA SOCIETY N/A

CLOVERFIELDS FOUNDATION		2	0-1919362
· ·	T XV - LINE 1A FOUNDATION MANAGERS	STAT	EMENT 9
NAME OF MANAGER			
STEPHEN J. HEMSLEY BARBARA K. HEMSLEY			
	AND CONTRIBUTIONS DURING THE YEAR	STAT	EMENT 10
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT		AMOUNT
INTERFAITH OUTREACH & COMMUNITY PARTNERS 110 GRAND AVE S WAYZATA, MN 55391-1872	FUNDING FOR THE NEW	PUBLIC CHARITY	500,000.
ST. OLAF CHURCH 215 S. 8TH STREET MINNEAPOLIS, MN 55402	N/A OPERATING FUND	PUBLIC CHARITY	10,000.
STANFORD UNIVERSITY 326 GALVEZ STREET STANFORD, CA 94305-6105	N/A OPERATING FUND FOR GRADUATE SCHOOL OF BUSINESS	PUBLIC CHARITY	375,000.
THE CHILDREN'S THEATRE 2400 THIRD AVE S MINNEAPOLIS, MN 55404-3597	N/A CAPITAL CAMPAIGN	PUBLIC CHARITY	200,000.
THE CLOVER FIELDS PRESERVATION FOUNDATION INC	N/A CEMETERY RESTORATION	PRIVATE FOUNDATION	9,000.

TEAM IN TRAINING

PROGRAM

PUBLIC

CHARITY

1,000.

CLOVERFIELDS FOUNDATION			20-1919362
UNITED HEALTHCARE CHILDREN'S FOUNDATION MN012-S286, PO BOX 41 MINNEAPOLIS, MN 55440-0041	N/A FUNDING FOR MEDICAL GRANTS OF CHILDREN IN NEED	PUBLIC CHARITY	5,000.
UNITED WAY OF MINNEAPOLIS 404 SOUTH 8TH STREET MINNEAPOLIS, MN 55404	N/A OPERATING FUND	PUBLIC CHARITY	25,000.
UNIVERSITY OF MINNESOTA MEDICAL FOUNDATION 200 OAK STREET SE, SUITE 300 MINNEAPOLIS, MN 55455-2030	N/A CENTER FOR PROSTATE CANCER	PUBLIC CHARITY	200,000.
TOTAL TO FORM 990-PF, PART XV, LI	:NE 3A		1,325,000.

. Form **8868**

(Rev January 2011)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

• If you	are filing for an Automatic 3-Month Extension, comple	ete only Pa	art I and check this box			\triangleright \mathbf{X}
	are filing for an Additional (Not Automatic) 3-Month Ex			form)		
Do not c	complete Part II unless you have already been granted	an automa	itic 3-month extension on a previously fi	led Fo	rm 8868	
Electron	ic filing (e-file). You can electronically file Form 8868 if	you need a	a 3-month automatic extension of time t	o file (6 months for a	corporation
required	to file Form 990-T), or an additional (not automatic) 3-mo	onth extens	sion of time. You can electronically file F	om 8	868 to request	an extension
of time to	o file any of the forms listed in Part I or Part II with the ex	ception of	Form 8870, Information Return for Tran	sfers	Associated Wit	n Certain
Personal	Benefit Contracts, which must be sent to the IRS in page	per format	(see instructions) For more details on t	he ele	ctronic filing of	his form,
	v.irs gov/efile and click on e-file for Chanties & Nonprofits					
Part I	Automatic 3-Month Extension of Time	e. Only su	bmit original (no copies needed).			
A corpor	ation required to file Form 990-T and requesting an auto	matic 6-mo	onth extension - check this box and con	plete		
Part I onl	y					. ▶ 🔲
	corporations (including 1120-C filers), partnerships, REN	1ICs, and t	rusts must use Form 7004 to request ar	exter	sion of time	
	ome tax returns.			Γ		
Гуре ог	Name of exempt organization			Emp	loyer identifica	ition number
orint	OF OTHER PROPERTY OF			,	0 10102	- 2
ile by the	CLOVERFIELDS FOUNDATION		**************************************		0-191936	0.4
fue date for iling your	Number, street, and room or suite no. If a P.O. box, s C/O DEAN BARR, 50 SOUTH 6T				C	
eturn See nstructions.						
	MINNEAPOLIS, MN 55402-149	-				
		·				
nter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 4
Applicati	ion	Return	Application			Return
s For		Code	ls For			Code
orm 990)	01	Form 990-T (corporation)			07
orm 990	-BL	02	Form 1041-A			08
orm 990)-EZ	03	Form 4720			09
orm 990)-PF	04	Form 5227			10
orm 990	D-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
orm 990)-T (trust other than above)	06	Form 8870			12
			Y & WHITNEY LLP - 50			
The bo	ooks are in the care of STREET , SUITE	<u> 1500 -</u>	<u>- MINNEAPOLIS, MN 55</u>	<u>402</u>	<u>-1498</u>	
	none No. ► 612-492-6440		FAX No. \triangleright 877-814-2151			
If the o	organization does not have an office or place of busines	s in the Un	ited States, check this box			.▶ ∟
_	is for a Group Return, enter the organization's four digit				_	• •
	. If it is for part of the group, check this box				ers the extension	on is for.
1 I re	quest an automatic 3 month (6 months for a corporation $AUGUST\ 15$, 2011 , to file the exemp		to file Form 990-T) extension of time untition return for the organization named a		The extension	
ic f	or the organization's return for:	t organiza	non return for the organization named a	oove.	THE EXTENSION	
_	X calendar year 2010 or					
_ i	tax year beginning	an	d ending			
,	tax your boginning	,	a enaing		<u> </u>	
2 If th	ne tax year entered in line 1 is for less than 12 months, c	heck reaso	on. Initial return Fina	l retun	n	
	Change in accounting period					
3a If th	nis application is for Form 990·BL, 990·PF, 990·T, 4720, o	or 6069. er	nter the tentative tax, less any			
nonrefundable credits. See instructions 3a \$ 19,7						
	nis application is for Form 990-PF, 990-T, 4720, or 6069,	enter anv	refundable credits and			
	mated tax payments made. Include any prior year overp	-		3b	\$	5,281.
	ance due. Subtract line 3b from line 3a. Include your pa					
	using EFTPS (Electronic Federal Tax Payment System)	-		3c	\$	14,500.
	If you are going to make an electronic fund withdrawal w					

For Paperwork Reduction Act Notice, see Instructions.

LHA

Form 8	868 (Rev_1-2011)					Page 2		
• If yo	u are filing for an Additional (Not Automatic) 3-Month Ex	tension,	complete only Part II and check this bo			▶ [X]		
	Only complete Part II if you have already been granted an				8868			
	u are filing for an Automatic 3-Month Extension, comple							
Part	II Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the original (no c	opies i	needed)			
Туре	Name of exempt organization Employer identification r							
print	CLOVERFIELDS FOUNDATION			2	0-19193	62		
File by the	e Number street and many avoids no Ka D.O. have	ee instruc	tions.	-				
due date	™ C/O DEAN BARR, 50 SOUTH 6TH							
filing you return So								
instruction	ns MINNEAPOLIS, MN 55402-1498							
Enter t	ne Return code for the return that this application is for (file	e a separa	te application for each return)			0 4		
Applic	ation	Return	Application			Return		
Is For		Code	Is For			Code		
Form 9		01						
Form 9		02	Form 1041-A			08		
Form 9		03	Form 4720			09		
Form 9		04	Form 5227			10		
	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069		· 	11		
	90-T (trust other than above)	06_	Form 8870	-1-61	.15	12		
STOP!	Do not complete Part II if you were not already granted		Y & WHITNEY LLP - 50					
• The			- MINNEAPOLIS, MN 55					
	phone No. ► 612-492-6440	1300	FAX No. ► 877-814-2151		1470			
	e organization does not have an office or place of business	s in the l lr						
	is is for a Group Return, enter the organization's four digit			Is is fo	 r the whole ara	up check this		
box 🕨		1	ich a list with the names and EINs of all					
			BER 15, 2011					
	or calendar year 2010 , or other tax year beginning		, and ending					
	the tax year entered in line 5 is for less than 12 months, c	heck reas		Final r	eturn			
	Change in accounting period							
7 5	state in detail why you need the extension							
5	TAXPAYER HAS NOT OBTAINED INFO	ORMAT:	ION NECESSARY TO FIL	E A	COMPLE'	TE AND		
	ACCURATE TAX RETURN. THEREFOR		<u>r is respectfully re</u>	QUE	STED TH	AT AN		
	ADDITIONAL EXTENSION OF TIME !				r———			
8a li	this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any	· '				
_	onrefundable credits See instructions.			8a	\$	19,781.		
	this application is for Form 990-PF, 990-T, 4720, or 6069,	•		l '				
	ax payments made. Include any prior year overpayment all	owed as a	credit and any amount paid	ļ		10 701		
_	previously with Form 8868			8b	\$	19,781.		
	alance due. Subtract line 8b from line 8a. Include your pa	•	h this form, if required, by using		_	0		
E	FTPS (Electronic Federal Tax Payment System) See instru		d Verification	_8c	\$	0.		
Under p	enalties of perjury, I declare that I have examined this form, includ correct, and complete, and that I am authorized to prepare this fo	ing accomp		best o	f my knowledge	and belief,		
			מדת הפגע העדי	Dete				
Signatui	t Ittle > 1	VED TI	DENT, TREAS & DIR	Date	_			