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Department of the Treasury

Internal Revenue Service

**Return of Private Foundation** 

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

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

OMB No 1545-0052

G	Cher	k all that apply	☐ Initia	return [	Initial return		d endin  ner publ		ritv	☐ Final re	eturn
			=	nded return	Address		_	Nai	•	<b>—</b>	
Nar	ne of t	foundation							AE	mployer identification nu	ımber
		S & KIMBERLY HEN					<u></u>			37-1379	
Nur	nber a	ind street (or P O box numl	ber if mail is not	delivered to street	address)		Room/	suite	ВТ	elephone number (see pag	ge 10 of the instruction
		EG HUNZIKER, COM	MERCE BA	NK 416 MAIN	STREET		16	00		(309) 676	-7777
•		vn, state, and ZIP code							C If	exemption application is pe	ending, check here
	DRIA				<u>IL</u>		1602		D 1.	Foreign organizations, chi	eck here
ሖ	Chec	k type of organization	n: 🔲 Secti	on 501(c)(3) e	cempt private	foundation	n		2.	Foreign organizations me	
لــا	Seci	tion 4947(a)(1) nonex	kempt charita	able trust	Other taxable	private to	oundatio	nn	r If a	check here and attach cor private foundation status w	
		market value of all as		J Accounting		Cash	Ac	crual		nder section 507(b)(1)(A), of	
•	of ye	ar (from Part II, col. ( 16) ▶\$	(c),	Other (	specify)					the foundation is in a 60-m	
_		<del></del>		(Part I, column		casri basis	<u> </u>		un	der section 507(b)(1)(B), o	
Pai	L	Analysis of Revenu	_		.   (4) 11010110		(b) Net	investm	ent	(c) Adjusted net	(d) Disbursement for charitable
		amounts in columns (b), (c) the amounts in column (a)			expenses books			come		income	purposes
		<del></del>				<u> </u>					(cash basis only)
	1	Contributions, gifts, grants				30,559		<del></del> -		<del></del>	
	2	Check ▶ if the founda	•		' <del> </del>				- 10		
-	3	Interest on savings and			-	19 2,064			19	<del></del>	
	4	Dividends and interest	from securitie	s	<del>                                     </del>	2,064	· · · · · · · · · · · · · · · · · · ·		,064 0	····	
		Gross rents  Net rental income or (le		• •	0		<del></del>				
Revenue		Net gain or (loss) from			<del></del>	413	<del></del>				
티		Gross sales price for all as			3	710					<del> </del>
<u>[6</u>		Capital gain net income			<del></del>			40	,067		<u> </u>
Œ	8	Net short-term capital							,00.	0	
	9	Income modifications	-							<u> </u>	
	10 a	Gross sales less returns a	nd allowances		0						
	b	Less: Cost of goods s	old		0						
	С	Gross profit or (loss) (a	attach schedu	le)		0					
	11	Other income (attach s	schedule)			0			0	0	
	12	Total. Add lines 1 thro	ough 11		ļ	33,055		42	,150	0	
Si	13	Compensation of office	ers, directors,	trustees, etc.		0					
~	14	Other employee salarie	es and wages								
힁	15	Pension plans, employ									
靐		Legal fees (attach sche				10			10	0	
		Accounting fees (attac	•			0			0	0	<del> </del>
딃		Other professional fees	s (attach scho	dule) .		541			541	0	
띒	17 10	Interest . R	ECEIVE	e a	·	33			33	ļ	
	18 19	Taxes (attach schedule) (si				0			<u>0</u>	î e	<del> </del>
Έ	19 20					<del>- 4</del>					
	20 21	Occupancy		. S.							
	22	Printing and publication	DS OF N		-						
	23	Other expenses (attacl				15			15	0	
밀	24	Total operating and a		e expenses.							
erating		Add lines 13 through 2				599			599	i o	
ē	25	Contributions, gifts, gra				7,790					7,
$\overline{}$	26	Total expenses and disbu		lines 24 and 25 .		8,389			599	0	1
$\rightarrow$	27	Subtract line 26 from li		<del></del>	1	-,				<u> </u>	† <del></del>
		Excess of revenue over e		sbursements .	<u> </u>	24,666					1
		Net investment incon						41	,551		
		Adjusted net income								C	]
- 1											

### 2art III Analysis of Changes in Net Assets of Fund Balances 1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 1 295,578 2 Enter amount from Part I, line 27a 2 24,666 3 Other increases not included in line 2 (itemize) GAIN ON INVESTMENTS 3 70,204 4 Add lines 1, 2, and 3 4 390,448 5 Decreases not included in line 2 (itemize) 5 0 6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 6 390,448

Pa	(a) List and describe the	d Losses for Tax on Inve e kind(s) of property sold (e g , real est se, or common stock, 200 shs MLC C	ate,	(b) How acquired P—Purchase D—Donation		acquired day, yr)	(d) Date sold (mo , day, yr )
1a	See Attached Statement						
b							
С							
d							
е			r·-·				
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		or other basis ense of sale			or (loss) ) minus (g)
<u>a</u>	0	0		0			0
<u>b</u>	0	0		0	-		0
<u>c</u>	0	0		0			0
e	0	0		0		<del></del>	0
	<u> </u>	ving gain in column (h) and owner	d by the foundation	_		Counc (Col	
	(i) F.M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Exce	ss of col (i)		l (k), but not	(h) gain minus less than -0-) <b>or</b> om col (h))
а	0	0		0			0
b	0	0		0			0
С	0	0		0			0
d	0	0		0			0
е	0	0		0			0
	Capital gain net income or	(net capital loss) { If (loss),	also enter in Pa enter -0- in Pa	rt I, line 7	2		40,067
3		or (loss) as defined in section line 8, column (c) (see pages	, ,				
	instructions). If (loss), ente			5	3		13,009
Pa	art V Qualification Und	der Section 4940(e) for Re	educed Tax o	n Net Investm	ent Inco	me	
Wa	Yes," the foundation does n	ne section 4942 tax on the dis ot qualify under section 4940	(e). Do not com	plete this part.			
_1		ount in each column for each	year, see page	e 18 of the instruc	tions befo	ore making	
C	<b>(a)</b> Base period years alendar year (or t <u>ax year beginning i</u>	(b) Adjusted qualifying distribution	ons Net value	(c) of noncharitable-use a	ssets		(d) ribution ratio divided by col. (c))
	2009						0.000000
	2008						0.000000
	2007						0 000000
	2006						0.000000
	2005					<del></del>	0.000000
2	Total of line 1, column (d)				. 2	!	0.000000
3	the number of years the fo	or the 5-year base period—di undation has been in existend	ce if less than 5	5 years	<sup>у</sup> . <u>  з</u>		0 000000
4	Enter the net value of nonc	charitable-use assets for 2010	) from Part X, I	ine 5	. 4		0
5	Multiply line 4 by line 3 .				. 5	<del>-</del>	0
6	Enter 1% of net investmen	t income (1% of Part I, line 27	7b)		. 6		0
7	Add lines 5 and 6				7	,	0
8	Enter qualifying distribution	ns from Part XII, line 4	In Part VI. line		that part	<del></del>	% tay rate See
	the Part VI instructions on		mirant vi, mie	io, and complete	mai part	using a 1	TO TAX FAILE. GGC

5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? . .

Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:

8 a Enter the states to which the foundation reports or with which it is registered (see page 19 of the

b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney

• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?

General (or designate) of each state as required by General Instruction G? If "No," attach explanation . . . Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)

Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing

or 4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page 27)?

Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV

If "Yes." attach the statement required by General Instruction T

instructions) ► IL

By language in the governing instrument, or

their names and addresses . . .

8b | X

5

Form	1 990-PF (2010) CHARLES & KIMBERLY HEMMER FOUNDATION 37-137	9077	Pa	age 5
Par	t VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions).	11		Х
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before  August 17, 2008?	12		
13	August 17, 2008?  Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	<u> </u>
13	Website address ► N/A	[ 13 ]		
14	The books are in care of ► WILLIS HUNZIKER Telephone no. ► (309) 691-6	 385		
•	TID 4 N C4044			•
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here			
. •	and enter the amount of tax-exempt interest received or accrued during the year	•		· —
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority	,	Yes	No
	over a bank, securities, or other financial account in a foreign country?	16	l	Х
	See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter		ı,	
	the name of the foreign country			
Pa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly):		Ì	
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period	,		
	after termination of government service, if terminating within 90 days.) Yes X No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations			
-	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)?	1b	N/A	
	Organizations relying on a current notice regarding disaster assistance check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,			
	that were not corrected before the first day of the tax year beginning in 2010?	1c		Х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)).			
а	At the end of tax year 2010, did the foundation have any undistributed income (lines 6d	! }		
	and 6e, Part XIII) for tax year(s) beginning before 2010?	:		
	If "Yes," list the years 20 , 20 , 20 , 20 , 20			
D	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)	1		
	to all years listed, answer "No" and attach statement—see page 22 of the instructions )	2b		Х
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
•	► 20 , 20 , 20 , 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business			
	enterprise at any time during the year?			
þ	If "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation			
	or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved			
	by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3)			
	the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine	0:		
	If the foundation had excess business holdings in 2010 )	3b		X
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable	4a		X
b	purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010?	4b		Х
	purpose that has not been removed from joopardy beliefed the mist day of the tax year beginning in Level			<del></del>

	m 990-PF (2010) CHARLES & KIMBERLY HEM						7-137907	7 Page	6
_	art VII-B Statements Regarding Activitie			1 4720 May Be R	equired (	continued)	1		
5a	During the year did the foundation pay or incur any  (1) Carry on propaganda, or otherwise attempt to  (2) Influence the outcome of any specific public on, directly or indirectly, any voter registration.	o influ electi	ience legislation ( on (see section 49	955); or to carry		Yes X	No No		
	<ul> <li>(3) Provide a grant to an individual for travel, stu</li> <li>(4) Provide a grant to an organization other than in section 509(a)(1), (2), or (3), or section 49</li> </ul>	a cha	aritable, etc., orga	nızatıon described		<ul> <li>Yes</li></ul>	No No		
	(5) Provide for any purpose other than religious, educational purposes, or for the prevention o	f crue	elty to children or a	anımals? .			No		
D	If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the t Regulations section 53.4945 or in a current notice Organizations relying on a current notice regarding	regar	dıng dısaster assi	stance (see page 22			5b	N/A	
С	If the answer is "Yes" to question 5a(4), does the fortax because it maintained expenditure responsibilities to the statement required by Regulation 11 to 12 to 15 to 1	y for t	the grant?			Yes	No		
	Did the foundation, during the year, receive any fur premiums on a personal benefit contract?					Yes X	No		Ì
	Did the foundation, during the year, pay premiums, if "Yes" to 6b, file Form 8870.						6b	X	Ĭ
	At any time during the tax year, was the foundation					Yes X	No E		<u>.</u>
	If "Yes," did the foundation receive any proceeds o						7b		
P	art VIII Information About Officers, and Contractors	Dire	ectors, Truste 	es, Foundation			<u> </u>		
									_
1	List all officers, directors, trustees, founda						instructio	ns).	_ _
	(a) Name and address	(b) de	managers and Title, and average nours per week voted to position	(c) Compensation (if not paid, enter -0-)	(d) Co employe	page 22 of the ontributions to be benefit plans and compensation	(e) Expe	nse account, allowances	_ _ _
WII 612	(a) Name and address  LLIS L. HUNZIKER  21 KNOLLAIRE DRIVE PEORIA IL 61614	(b) de DIR	Title, and average nours per week	(c) Compensation (if not paid, enter	(d) Co employe	entributions to be benefit plans	(e) Expe	nse account,	_ _ _ _
WII 612 BRI 147	(a) Name and address  LLIS L. HUNZIKER 21 KNOLLAIRE DRIVE PEORIA IL 61614  UCE GRAHAM 724 MENDENHALL RD PRINCEVILLE IL 61	(b) de DIR DIR	Title, and average nours per week voted to position	(c) Compensation (if not paid, enter -0-)	(d) Co employe and defen	ontributions to se benefit plans sed compensation	(e) Expe	nse account,	_ _ _ _ _ _
WII 612 BRI 147 KEI 961	(a) Name and address  LLIS L. HUNZIKER 21 KNOLLAIRE DRIVE PEORIA IL 61614  UCE GRAHAM 724 MENDENHALL RD PRINCEVILLE IL 61! N HOERR 16 N RT 91 PEORIA IL 61615	(b) de DIR DIR	Title, and average nours per week voted to position	(c) Compensation (if not paid, enter -0-)	(d) Co employe and defen	entributions to be benefit plans red compensation	(e) Expe other a	nse account,	 _ _ _ _ _ _ _
MII 612 BRI 147 KEI 961 BRI 121	(a) Name and address  LLIS L. HUNZIKER 21 KNOLLAIRE DRIVE PEORIA IL 61614  UCE GRAHAM 724 MENDENHALL RD PRINCEVILLE IL 61! N HOERR 16 N RT 91 PEORIA IL 61615  ENT TUEBEL 128 N ALLEN RD DUNLAP IL 61525	DIR DIR	Title, and average tours per week voted to position  .00  .00  .00	(c) Compensation (if not paid, enter -0-)  0	(d) Co employs and defen	ontributions to se benefit plans red compensation  0  0	(e) Expe other a	nse account, allowances	Ť
MII 612 BRI 147 KEI 961 BRI 121	(a) Name and address  LLIS L. HUNZIKER 21 KNOLLAIRE DRIVE PEORIA IL 61614  UCE GRAHAM 724 MENDENHALL RD PRINCEVILLE IL 61! N HOERR 16 N RT 91 PEORIA IL 61615 ENT TUEBEL	DIR DIR	Title, and average tours per week voted to position  .00  .00  .00	(c) Compensation (if not paid, enter -0-)  0	(d) Co employs and defen	ontributions to see benefit plans red compensation  0  0  0  page 23 of the	(e) Expe other a	nse account, allowances	0
WII 612 BR 147 KEI 961 BR 121 2	(a) Name and address  LLIS L. HUNZIKER 21 KNOLLAIRE DRIVE PEORIA IL 61614  UCE GRAHAM 724 MENDENHALL RD PRINCEVILLE IL 61! N HOERR 16 N RT 91 PEORIA IL 61615 ENT TUEBEL 128 N ALLEN RD DUNLAP IL 61525  Compensation of five highest-paid employ	DIR DIR DIR	Title, and average tours per week voted to position  .00  .00  .00	(c) Compensation (if not paid, enter -0-)  0  0  0  0  ose included on li	ne 1—see	ontributions to se benefit plans red compensation  0  0	(e) Expe	nse account, allowances	0
WII 612 BR 147 KEI 961 BR 121 2	(a) Name and address  LLIS L. HUNZIKER 21 KNOLLAIRE DRIVE PEORIA IL 61614  UCE GRAHAM 724 MENDENHALL RD PRINCEVILLE IL 61! N HOERR 16 N RT 91 PEORIA IL 61615  ENT TUEBEL 128 N ALLEN RD DUNLAP IL 61525  Compensation of five highest-paid employ If none, enter "NONE."	DIR DIR DIR	Title, and average nours per week voted to position  .00  .00  .00  (other than the our per week voted to position)	(c) Compensation (if not paid, enter -0-)  0  0  0  0  ose included on li	ne 1—see	ontributions to be benefit plans ed compensation  0  0  0  0  c page 23 of the Contributions to imployee benefit ins and deferred	(e) Expe	ions).	0
WIII 612 BRI 147 KEI 961 BRI 121 2	(a) Name and address  LLIS L. HUNZIKER 21 KNOLLAIRE DRIVE PEORIA IL 61614  UCE GRAHAM 724 MENDENHALL RD PRINCEVILLE IL 61! N HOERR 16 N RT 91 PEORIA IL 61615  ENT TUEBEL 128 N ALLEN RD DUNLAP IL 61525  Compensation of five highest-paid employ If none, enter "NONE."	DIR DIR DIR	Title, and average nours per week voted to position  .00  .00  .00  (other than the our per week voted to position)	(c) Compensation (if not paid, enter -0-)  0  0  0  0  ose included on li	ne 1—see	ontributions to be benefit plans ed compensation  0  0  0  0  c page 23 of the Contributions to imployee benefit ins and deferred	(e) Expe	ions).	0
WIII 612 BRI 147 KEI 961 BRI 121 2	(a) Name and address  LLIS L. HUNZIKER 21 KNOLLAIRE DRIVE PEORIA IL 61614  UCE GRAHAM 724 MENDENHALL RD PRINCEVILLE IL 61! N HOERR 16 N RT 91 PEORIA IL 61615  ENT TUEBEL 128 N ALLEN RD DUNLAP IL 61525  Compensation of five highest-paid employ If none, enter "NONE."	DIR DIR DIR	Title, and average nours per week voted to position  .00  .00  .00  (other than the our per week voted to position)	(c) Compensation (if not paid, enter -0-)  0  0  0  0  ose included on li	ne 1—see	ontributions to be benefit plans ed compensation  0  0  0  0  c page 23 of the Contributions to imployee benefit ins and deferred	(e) Expe	ions).	0
WIII 612 BRI 147 KEI 961 BRI 121 2	(a) Name and address  LLIS L. HUNZIKER 21 KNOLLAIRE DRIVE PEORIA IL 61614  UCE GRAHAM 724 MENDENHALL RD PRINCEVILLE IL 61! N HOERR 16 N RT 91 PEORIA IL 61615  ENT TUEBEL 128 N ALLEN RD DUNLAP IL 61525  Compensation of five highest-paid employ If none, enter "NONE."	DIR DIR DIR	Title, and average nours per week voted to position  .00  .00  .00  (other than the our per week voted to position)	(c) Compensation (if not paid, enter -0-)  0  0  0  0  ose included on li	ne 1—see	ontributions to be benefit plans ed compensation  0  0  0  0  c page 23 of the Contributions to imployee benefit ins and deferred	(e) Expe	ions).	0
WIII 612 BR 147 KEI 961 BR 121 2	(a) Name and address  LLIS L. HUNZIKER 21 KNOLLAIRE DRIVE PEORIA IL 61614  UCE GRAHAM 724 MENDENHALL RD PRINCEVILLE IL 61! N HOERR 16 N RT 91 PEORIA IL 61615  ENT TUEBEL 128 N ALLEN RD DUNLAP IL 61525  Compensation of five highest-paid employ If none, enter "NONE."	de DIR DIR DIR DIR	Title, and average nours per week voted to position  .00  .00  .00  (other than the our per week voted to position)	(c) Compensation (if not paid, enter -0-)  0  0  0  0  ose included on li	ne 1—see	ontributions to be benefit plans ed compensation  0  0  0  0  c page 23 of the Contributions to imployee benefit ins and deferred	(e) Expe	ions).	0

	90-PF (2010) CHARLES & KIMBERLY HEMMER FOUNDATION		37-1379077 Page <b>7</b>
Par	Information About Officers, Directors, Trustees, and Contractors (continued)	, Foundation Managers, Highly Paid	Employees,
3 F	ive highest-paid independent contractors for professional services (se	e page 23 of the instructions). If none, ente	r "NONE "
<del></del>	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		(a) The creation	
			0
			0
			0
			0
Total	number of others receiving over \$50,000 for professional services		
Part	IX-A Summary of Direct Charitable Activities		
	e foundation's four largest direct chantable activities during the tax year. Include relevan imber of organizations and other beneficiaries served, conferences convened, research		Expenses
	RTHWOODS COMMUNITY CHURCH ORIA, ILLINOIS 61615		
_			2,200
	DRE MINISTRIES ORIA, ILLINOIS		
	ND OF QUANDIONO	<del></del>	1,500
	MP OF CHAMPIONS ORIA, ILLINOIS		700
	ORIA CHRISTIAN SCHOOL	•••••	700
PE	ORIA, ILLINOIS		400
Part	IX-B Summary of Program-Related Investments (see	page 24 of the instructions)	400
	be the two largest program-related investments made by the foundation during the tax ye		Amount
1			
2			
•••			
	er program-related investments. See page 24 of the instructions		
3			
			0
Total.	Add lines 1 through 3		0

Form **990-PF** (2010)

Pai	Minimum Investment Return (All domestic foundations must complete this part. Foreign	foundation	ons.
	see page 24 of the instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out chantable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	234,443
b	Average of monthly cash balances	1b	96,576
C	Fair market value of all other assets (see page 25 of the instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	331,019
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	331,019
4	Cash deemed held for charitable activities Enter 11/2 % of line 3 (for greater amount, see page 25		
	of the instructions)	4	4,965
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	326,054
6	Minimum investment return. Enter 5% of line 5	6	16,303
Par	t XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private of	perating	
	foundations and certain foreign organizations check here   and do not complete this part.)		_
1	Minimum investment return from Part X, line 6	1	16,303
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	831
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	15,472
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	15,472
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	15,472
Pari			
<del>-</del>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	<del></del>	
' a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	7,790
b	Program-related investments—total from Part IX-B	1b	7,750
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	10	
2		2	
2	purposes	-	<del></del>
3		3a	
a		3b	
b	Cash distribution test (attach the required schedule)	4	7.70
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	1-4	7,790
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		,
	income. Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	7.70
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	7,790
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foun qualifies for the section 4940(e) reduction of tax in those years	dation	

	Ondistributed income (see page 26 of the		<b>/b</b> \	(a)	(4)
1	Distributable amount for 2010 from Part XI,	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010 15,472
2	Undistributed income, if any, as of the end of 2010:				15,472
- a	Enter amount for 2009 only			0	
	Total for prior years: 20, 20, 20		0		
3	Excess distributions carryover, if any, to 2010				
	_1				
a	From 2005	Į.			
b					
C		1			
d	From 2008 0				
е	From 2009 . 2,889			į	
Ţ	Total of lines 3a through e	2,889			<del></del>
4	Qualifying distributions for 2010 from Part	1			
	XII, line 4 <sup>·</sup> ► \$				
	Applied to 2009, but not more than line 2a			0	
b	Applied to undistributed income of prior years				
	(Election required—see page 26 of the instructions) .		. 0		
C	Treated as distributions out of corpus (Election	į			
	required—see page 26 of the instructions)	0			
d	Applied to 2010 distributable amount				7,790
е	Remaining amount distributed out of corpus	0			
5	Excess distributions carryover applied to 2010	2,889			2,889
	(If an amount appears in column (d), the same amount must be shown in column (a).)				
6	Enter the net total of each column as indicated below:				
а	Corpus. Add lines 3f, 4c, and 4e Subtract line 5	ol			
	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				
4	Subtract line 6c from line 6b. Taxable				<del> </del>
u			0		,
_	amount—see page 27 of the instructions Lundistributed income for 2009. Subtract line				
е					
	4a from line 2a. Taxable amount—see page 27 of the			0	
	instructions			0	
f	Undistributed income for 2010 Subtract	]			
	lines 4d and 5 from line 1. This amount must				4 700
_	be distributed in 2011		<del></del>		4,793
7	Amounts treated as distributions out of	l	· ·		
	corpus to satisfy requirements imposed by				
	section 170(b)(1)(F) or 4942(g)(3) (see page 27 of				,
	the instructions)				
8	Excess distributions carryover from 2005				
	not applied on line 5 or line 7 (see page 27 of the				
	instructions)	0			
9	Excess distributions carryover to 2011.				j.
	Subtract lines 7 and 8 from line 6a	0			
0	Analysis of line 9:				
а	Excess from 2006 0				
b	Excess from 2007 0				
C	Excess from 2008 . 0			ļ	
ď	Excess from 2009				į
_	Excess from 2010				
<del>~</del>					

	t XIV Private Operating Foundations (s If the foundation has received a ruling or determina			no Part VII-A, qu	Jestion 9)	N/A
	foundation, and the ruling is effective for 2010, enter			. ▶	<u></u> -	
	Check box to indicate whether the foundation is a p	orivate operating fou	indation described in	n section	4942(J)(3) or	4942(J)(5)
2 a	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years		(e) Total
	investment return from Part X for each	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) rotar
	year listed	0				0
_	85% of line 2a	0	0	0	0	0
С	Qualifying distributions from Part XII,					
_	line 4 for each year listed	0				0
a	Amounts included in line 2c not used directly for active conduct of exempt activities					
e	Qualifying distributions made directly					0
·	for active conduct of exempt activities.					
	Subtract line 2d from line 2c			Lo	l ol	0
3	Complete 3a, b, or c for the					
а	alternative test relied upon "Assets" alternative test—enter				ŀ	
	(1) Value of all assets					0
	(2) Value of assets qualifying					<u></u>
	under section 4942(j)(3)(B)(i)					0
b	"Endowment" alternative test—enter 2/3					
	of minimum investment return shown in Part X, line 6 for each year listed					_
c		0	<del></del>	<u> </u>		0
U	(1) Total support other than gross					
	investment income (interest,					
	dividends, rents, payments on securities loans (section					
	512(a)(5)), or royalties)					0
	(2) Support from general public		<del></del>			
	and 5 or more exempt organizations as provided in					
	section 4942(j)(3)(B)(iii)					0
	(3) Largest amount of support					
	from an exempt organization				1	0
	(4) Gross investment income					0
Pai	t XV Supplementary Information (Con				,000 or more in	
	assets at any time during the year	ar—see page 2	3 of the instruc	tions.)	<u>_</u>	
1	Information Regarding Foundation Manag					
а	List any managers of the foundation who have con				the foundation	
	before the close of any tax year (but only if they ha		man \$5,000). (See	section 507(d)(2) )		
	ARLES HEMMER KIMBERLY List any managers of the foundation who own 10%		k of a corporation (	or an equally large n	ortion of the	
b	ownership of a partnership or other entity) of which				ortion of the	
			•			
2	Information Regarding Contribution, Gran	t, Gift, Loan, Sch	olarship, etc., P	rograms:		
	Check here ► X if the foundation only makes	contributions to pre	selected charitable	organizations and d	oes not accept	
	unsolicited requests for funds If the foundation ma		c. (see page 28 of t	he instructions) to in	idividuals or organizat	ions
	under other conditions, complete items 2a, b, c, an					
а	The name, address, and telephone number of the	person to whom app	Directions should be	audressed		
CH	ARLES HEMMER 1119 W BROOKVIEW PEO	RIA IL 61615				
	The form in which applications should be submitted		nd materials they sh	iould include:		
_			-			
	/ FORM			·	<del></del>	
С	Any submission deadlines:					
NO	NF.					
	Any restrictions or limitations on awards, such as t	by geographical area	as, charitable fields.	kinds of institutions	, or other	
_	factors:					
NO	NE					

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During th	e Year or Approved	for Future	Payment	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
a Paid during the year AMERICAN CANCER SOCIETY			GENERAL USES	85
AMERICAN INSTITUTE FOR CANCER			GENERAL USES	300
APOLSTOLIC CHRISTIAN CHURCH			GENERAL USES	100
BEREAN PRISON MINISTRY			GENERAL USES	1,500
CAMP OF CHAMPIONS			GENERAL USES	700
CAMPUS LIFE			GENERAL USES	25
CENTER FOR PREVENTION OF ABUSE			GENERAL USES	100
CHRISTIAN CENTER			GENERAL USES	200
COMMON PLACE			GENERAL USES	50
EASTER SEALS			GENERAL USES	30
JUVENILE DIABETES ASSOC			GENERAL USES	30
Total Con Alberta Character				
Total . See Attached Statement b Approved for future payment	· _ · · · · · · · · · · · · · · · · · ·	<del></del>	▶ 3a	7,790
Approved for fature payment				
Total			▶ 3b	0

37-1379077 Page 12 Part XVI-A Analysis of Income-Producing Activities Unrelated business income Excluded by section 512, 513, or 514 Enter gross amounts unless otherwise indicated. (e) Related or exempt (d) function income Business code Exclusion code Amount Amount (See page 28 of 1 Program service revenue: the instructions ) a CONTRIBUTIONS 30,559 0 0 0 C 0 0 0 d 0 0 ol 0 0 0 g Fees and contracts from government agencies . . 2 Membership dues and assessments . . . . 3 Interest on savings and temporary cash investments 14 4 Dividends and interest from securities 14 2.064 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 . . . . 8 Gain or (loss) from sales of assets other than inventory 413 9 Net income or (loss) from special events 10 Gross profit or (loss) from sales of inventory . 11 Other revenue: a 0 0 ь 0 0 0 0 0 d 0 0 12 Subtotal. Add columns (b), (d), and (e) . . . . . . . O 33.055 0 13 Total. Add line 12, columns (b), (d), and (e) . 13 33,055 (See worksheet in line 13 instructions on page 29 to verify calculations.) Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to Line No. the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See page 29 of the instructions.)

### Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

1	ın sed	he organization directly ction 501(c) of the Code nizations?								Yes	No
а	Trans	sfers from the reporting	foundation to	a noncharitable	exempt organiza	ition of:			1 1		
_		Cash							1a(1)		
	(2) C	Other assets			·		,		1a(2)		
ь		r transactions:				•					
	(1) S	Sales of assets to a non	charitable exe	empt organizatio	n				1b(1)		
		Purchases of assets from		•					1b(2)		
	(3) F	Rental of facilities, equip	oment, or othe	er assets .					1b(3)		
	(4) F	Reimbursement arrange	ements						1b(4)		
	(5) L	oans or loan guarantee	es						1b(5)		
	(6) P	erformance of services	s or membersl	nip or fundraising	solicitations .		<i>.</i>		1b(6)		
C	Shari	ing of facilities, equipme	ent, mailing lis	its, other assets,	or paid employe	es			1c		
d	value	answer to any of the a of the goods, other as in any transaction or s	sets, or service	es given by the	reporting foundat	ion. If th	ne foundation red	eived less that	n fair m	arket	i b.
(a)	Line no	(b) Amount involved	(c) Name	of nonchantable exen	npt organization	(d) Des	cription of transfers, t	ransactions, and st	aring arr	angem	ents
		0	t								
		0	<del>+</del>			ļ					
		0	<del>                                     </del>								
		ļ <u>0</u>	<del></del>								
		0	†						<del></del>		
		0	<del></del>	<del></del>			<del></del>				
		0					<del> </del>	<del></del>			
		- 0	+				<del></del>				
		0	+			<b></b>					
—		0	+			<del></del>					
		0									
		1 0									
		1 0	<del></del>	<del></del>		<del> </del>					
		†	+	<del></del>		<del>                                     </del>		<del></del> -			—
		1	+				-				
	descr	foundation directly or in the section 501(c)	indirectly affili of the Code (d						Yes [	No	
<u> </u>	If "Ye	s," complete the follow		T	<del></del>						
		(a) Name of organization	1	(b) Ty	pe of organization		(c) [	escription of relation	nship		
		<del></del>	<del></del>					<del></del>			
								<del> </del>			
	Ti i	inder penalties of penury, I dec	rlare that I have e	ramined this return in	ncludino accompanyor	n schedule	es and statements ar	d to the best of my	knowled	ge and	
Si	اما	elief, it is tote, correct, and cor	mplete Declaration	n of preparer (other th	han taxpayer or fiducia	ry) is base	ed on all information o	f which preparer ha	s any kn	owledg	je
		111.00	X//.		. 1 .	5-14	L-11 -	$T_{a}$			
He	1 e	Mille		nike		<del></del>		Mose	w		
		Signature of officer or truste		I De Andre andre	Da		Date 4	e	TOTINI		
Pa	id	Print/Type preparer's n	iame	Preparer's signature	$\int_{\Omega} \int d\Omega$		Date	Check I if	PTIN	200	76-
		- 1( incollimna	tumu	I ( NOOUNX	pall		<i>5 14  </i>	self-employed	100	263	YIZ
	epare	Eumic name			<del></del>		·	Firm's EIN	1		
Us	e On	Firm's address			<del></del> _			Phone no			
								<del></del>	000	\ DE	(22.42)

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

Department of the Treasury Internal Revenue Service

Name of the organization

### **Schedule of Contributors**

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

OMB No 1545-0047

2010

Employer identification number

**CHARLES & KIMBERLY HEMMER FOUNDATION** 37-1379077 Organization type (check 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 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions. **General Rule** X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more . . . . Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990. 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ.

or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (F	orm 990, 990-EZ, or 990-PF) (2010)		Page 1 of 1 of Part I
Name of ore CHARLES	ganization & KIMBERLY HEMMER FOUNDATION		Employer identification number 37-1379077
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	CHARLES HEMMER  1119 W BROOKFOREST  PEORIA IL 61615  Foreign State or Province  Foreign Country:	\$10	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	KIMBERLY HEMMER  1119 W BROOKFOREST  PEORIA IL 61615  Foreign State or Province:  Foreign Country	\$ 30,549	Person X 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
3	Foreign State or Province Foreign Country:	\$0	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
4	Foreign State or Province. Foreign Country:	\$ <u>o</u>	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
5	Foreign State or Province: Foreign Country:	\$ <u>o</u>	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
6	Foreign State or Province. Foreign Country	\$0	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization
CHARLES & KIMBERLY HEMMER FOUNDATION

Employer identification number 37-1379077

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
2	280 SHARES OF SPD GOLD TRUST	\$30,549	2/2/2010
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$0	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$0	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$0	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$0	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$0	

transferee's name, address, and for Prov  (b) Purpose of gift  Country  (b) Purpose of gift	ear. Complete columns (a) through the total of exclusively religious ar. (Enter this information once. S  (c) Use of gift  (e) Transfer of gift	s, charitable, etc ,
rclusively religious, charitable, etc., gregating more than \$1,000 for the year organizations completing Part III, ententributions of \$1,000 or less for the year (b) Purpose of gift  Transferee's name, address, and for Prov Country	ear. Complete columns (a) through the total of exclusively religious ar. (Enter this information once. S  (c) Use of gift  (e) Transfer of gift  ZIP + 4 Relation	elion 501(c)(7), (8), or (10) organizations gh (e) and the following line entry s, charitable, etc , eee instructions.)   (d) Description of how gift is held  onship of transferor to transferee
gregating more than \$1,000 for the y r organizations completing Part III, ententributions of \$1,000 or less for the yea  (b) Purpose of gift  Transferee's name, address, and or Prov  Country	ear. Complete columns (a) through the total of exclusively religious ar. (Enter this information once. S  (c) Use of gift  (e) Transfer of gift  ZIP + 4 Relation	gh (e) and the following line entry s, charitable, etc , see instructions.)   (d) Description of how gift is held  onship of transferor to transferee
r organizations completing Part III, enterntributions of \$1,000 or less for the year (b) Purpose of gift  Transferee's name, address, and or Prov Country	cr the total of exclusively religious ar. (Enter this information once. S  (c) Use of gift  (e) Transfer of gift  ZIP + 4 Relation	s, charitable, etc , lee instructions.)   (d) Description of how gift is held  onship of transferor to transferee
(b) Purpose of gift  Transferee's name, address, and	(c) Use of gift  (e) Transfer of gift  ZIP + 4 Relati	(d) Description of how gift is held  onship of transferor to transferee
(b) Purpose of gift  Transferee's name, address, and	(c) Use of gift  (e) Transfer of gift  ZIP + 4 Relati	(d) Description of how gift is held
Transferee's name, address, and	(e) Transfer of gift  ZIP + 4 Relati	onship of transferor to transferee
Transferee's name, address, and	ZIP + 4 Relati	
or Prov Country	ZIP + 4 Relati	
or Prov Country	ZIP + 4 Relati	
or Prov Country	ZIP + 4 Relati	
or Prov Country	ZIP + 4 Relati	
or Prov Country		
or Prov Country		
	(c) Use of gift	(d) Description of how gift is held
	(c) Use of gift	(d) Description of how gift is held
	(c) Use of gift	(d) Description of how gift is held
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<del></del>	
		•••
	(e) Transfer of glft	
Transferee's name, address, and	ZIP + 4 Relati	onship of transferor to transferee
or Prov. Country		
(h) Durnoss of olft	(a) Llos of sift	(d) Description of how sift is hold
(b) Purpose of gift	(c) ose or girt	(d) Description of how gift is held
		••• ••••••
	(e) Transfer of gift	
	(c) Hansler or give	
Transferee's name, address, and	ZIP + 4 Relati	onship of transferor to transferee
or Prov. Country		
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
•	(e) Transfer of gift	
	Transferee's name, address, and  or Prov. Country  Country  (b) Purpose of gift	Transferee's name, address, and ZIP + 4  Relationselve Prov.  (b) Purpose of gift  (c) Use of gift  (e) Transfer of gift  Transferee's name, address, and ZIP + 4  Relationselve Prov.  Country  Country

Country

## Line 6 (990-PF) - Gain/Loss from Sale of Assets Other Than Inventory

								Totals	Gross	SS	Cost, Other	Other	Net Gain	aın
			Amount						Sales	es	Basis and Expenses	Expenses	or Loss	SS
		Long Term CG Distributions	413					Securities		413		0		41:
		Short Term CG Distributions						Other sales		0		0		-
	Check "X"				Check "X" if Purchaser	ć						Expense of Sale and Cost of		
Index	Index Security	Description	CUSIP #	Purchaser	Business	Acquired	Method	Sold	Gross Sales   Cost or Price   Other Basis	Cost or Other Basis	Varuation	mprove- ments	Depreciation	Net Gain or Loss
1											-		_	-
2														-
3														-
4														-
2														-
9														-
7														-
8														-
6						j								_
10														-

۲,

### Line 16a (990-PF) - Legal Fees

Name of Organization or Expenses per Person Providing Service Books 10 Income (Cash Basis Only) HUNZIKER LAW GROUP (Cash Basis Only)
Net Investment Adjusted Net Income Income 10
Adjusted Net Income
0
Disbursements for Charitable Purposes (Cash Basis Only)

;•

### CHARLES & KIMBERLY HEMMER FOUNDATION

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Line 1

_		_		_	_	_					_
0	Disbursements for Charitable Purposes (Cash Basis Only)										
0	Adjusted Net Income										
541	Net Investment Income	541									
541	Revenue and Expenses per Books	541									
	Name of Organization or Person Providing Service	WELLS FARGO ADVISOR FEES									
		1	2	3	4	5	9	7	8	6	10

Line 18 (990-PF) - Taxes

## Line 23 (990-PF) - Other Expenses

		15	15	0	0
		Revenue and			Disbursements
		Expenses	Net Investment	Adjusted Net	for Charitable
	Description	per Books	Income	Income	Purposes
Amortization. So	n. See attached statement	0	0	0	0
<b>LLINOIS CHAI</b>	IIS CHARITY FUND	15	15		
:					
i i					

## Part II, Line 10b (990-PF) - Investments - Corporate Stock

			206,971	168,097	200,558	
		Num. Shares/	Num. Shares/   Book Value	Book	FMV	FMV
	Description	Face Value	Beg. of Year	End of Year	Beg. of Year	End of
1	MUTUAL FUNDS		206,971	168,097	200,55	176,612
2						
3						
4						
2						
9						
7						
8						
6						
10						•
	THE REAL PROPERTY AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN C					

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CHARLES & KIMBERLY HEMMER FOUNDATION

	Long Term CG Distributions	Amount 413	_										•
Į	Short Term CG Distributions	0			Totals	144,260	0	104,606	39,654	0	0	0	39.60
						Gross		Cost or Other		FMV	Adjusted Basis		Gains Minus Excess
			How	Date	Date	Sales	Depreciation	Basis Plus	Gain or	as of	as of	Excess of FMV	_
	Kind(s) of Property Sold	CUSIP #	Acquired	Acquired Acquired	Sold	Price	Allowed	Expense of Sale		12/31/69	12/31/69	Over Adj Basis	Basis or Losses
-	AMAZON 95 SH		٥	11/10/2006	11/10/2006   10/13/2010	14,811	0	8,712	660'9			0	90.0
7	CATERPILLAR 300 SH		Ь	5/20/2010	5/20/2010 10/13/2010	24,273	0	17,782	6,491			0	6.4
က	CELGENE 440 SH		a	1/6/2005	1/6/2005 10/13/2010	25,656		24,433	1,223			0	1.2
4	NETFLIX 174 SH		٥	7/26/2006	7/26/2006 10/13/2010	27,363		8,040	-			0	19.3
2	SPDR GOLD 280 SH		Q	2/10/2010	2/10/2010 10/13/2010	37,215	0	30,549	999'9			0	9.9
9	VISA 200SH		Ь	5/20/2010	5/20/2010 10/13/2010	14,942	0	15,090	-148			0	<del>-</del>
7						0	0	0	0			0	
8						0	0	0	0			0	
6						0	0	0	0			0	
10						0	0	0	0			0	

# Part VIII, Line 1 (990-PF) - Compensation of Officers, Directors, Trustees and Foundation Managers

Check "X"         Street         City         State         Zip Code         Foreign         Title         Hours         Compensation           1         WILLIS L HUNZIKER         6121 KNOLLAIRE DRIVE         PEORIA         IL         61614         DIR         Hours         Compensation           2         BRUCE GRAHAM         14724 MENDENHALL RD         PRINCEVILLE         IL         61559         DIR         DIR         DIR           4         BRENT TUEBEL         12128 N ALLEN RD         DUNLAP         IL         61525         DIR         DIR           6         A         BRENT TUEBEL         DIR         BRENT TUEBEL         BRENT											0
Name         if Business         Street         City         State         Zip Code         Country         Title         Hours           WILLIS L HUNZIKER         6121 KNOLLAIRE DRIVE         PEORIA         IL         61614         DIR         DIR           BRUCE GRAHAM         14724 MENDENHALL RD         PRINCEVILLE         IL         61559         DIR         DIR           KEN HOERR         9616 N RT 91         PEORIA         IL         61615         DIR         DIR           BRENT TUEBEL         12128 N ALLEN RD         DUNLAP         IL         61525         DIR			Check "X"					Foreign		Average	
WILLIS L HUNZIKER         6121 KNOLLAIRE DRIVE         PEORIA         IL         61614         DIR           BRUCE GRAHAM         14724 MENDENHALL RD         PRINCEVILLE         IL         61559         DIR           KEN HOERR         9616 N RT 91         PEORIA         IL         61615         DIR           BRENT TUEBEL         12128 N ALLEN RD         DUNLAP         IL         61525         DIR		Name	if Business	Street	City	State	Zip Code	Country	Title	Hours	
BRUCE GRAHAM   14724 MENDENHALL RD   PRINCEVILLE   IL   61559	-	WILLIS L HUNZIKER		6121 KNOLLAIRE DRIVE	PEORIA	<u> </u>	61614		DIR		
KEN HOERR         9616 N RT 91         PEORIA         IL         61615           BRENT TUEBEL         12128 N ALLEN RD         DUNLAP         IL         61525	7	BRUCE GRAHAM		14724 MENDENHALL RD	PRINCEVILLE	<u></u>	61559		DIR		0
BRENT TUEBEL         12128 N ALLEN RD         DUNLAP         IL         61525	က	KEN HOERR		9616 N RT 91	PEORIA		61615		DIR		0
	4	BRENT TUEBEL		12128 N ALLEN RD	DUNLAP		61525		DIR		0
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