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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

For calendar year 2011 or tax year beginning		, and ending		
Name of foundation	-		A Employer identificatio	n number
CLOVERFIELDS FOUNDATION			20-1919362	2
Number and street (or P O box number if mail is not delivered to stree	t address)	Room/suite	B Telephone number	
C/O DEAN BARR, 50 SOUTH 61	H STREET	1500	612-492-64	140
City or town, state, and ZIP code			C If exemption application is	pending, check here
MINNEAPOLIS, MN 55402-149				
G Check all that apply: Initial return	Initial return of a fo	ormer public charity	D 1. Foreign organization	s, check here
Final return	Amended return		_	
Address change	Name change		Foreign organizations m 2. check here and attach c	eeting the 85% test, omputation
H Check type of organization: X Section 501(c)(3) e.	xempt private foundation		E If private foundation sta	atus was terminated
	Other taxable private founda	ation	under section 507(b)(1)(A), check here
I Fair market value of all assets at end of year J Account	ing method: X Cash	Accrual	F If the foundation is in a	60-month termination
	ther (specify)		under section 507(b)(1)(B), check here
\$ 19,744,454. (Part I, colu	ımn (d) must be on cash l	basis.)		
Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts 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 Contributions, gifts, grants, etc., received	2,999,777.		N/A	<u> </u>
2 Check If the foundation is not required to attach Sch B Interest on savings and temporary cash investments				<u> </u>
4 Dividends and interest from securities	209,870.	209,870.		STATEMENT 1
5a Gross rents				
b Net rental income or (loss)		By the state of th		
6a Net gain or (loss) from sale of assets not on line 10	1,108,655.			<u> </u>
b Gross sales price for all 4, 149, 585.		<u> </u>		:
b Gross sales price for all 4,149,585. 7 Capital gain net income (from Part IV, line 2)		1,108,655.		•
B Net short-term capital gain .				
9 Income modifications Gross sales less returns DECENTED				
10a Gross sales less returns RECEIVED	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			ļ
b Less Cost of goods sold	5	···		
c Gross profit of (less) NOV 1 5 2012	 	·		
12 Total. Add lines 1 through 11	4,318,302.	1,318,525.		7
13 Compensation of officers of persons thus the etc	0.	0.		0.
14 Other employee Salaries and wages				
15 Pension plans, employee benefits				
16a Legal fees				
b Accounting fees STMT 2	4,450.	0.		0.
b Accounting fees STMT 2 c Other professional fees STMT 3 17 Interest 18 Taxes STMT 4 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications	48,502.	48,502.		0.
17 Interest				
18 Taxes STMT 4	20,900.	0.		0.
19 Depreciation and depletion				ļ <u> </u>
20 Occupancy				
21 Travel, conferences, and meetings				
22 Printing and publications 23 Other expenses STMT 5	2,424.	0.		0.
23 Other expenses STMT 5 24 Total operating and administrative expenses. Add lines 13 through 23	2,444.			1
expenses. Add lines 13 through 23	76,276.	48,502.		0.
25 Contributions, gifts, grants paid	2,596,576.	10,5021		2,596,576.
26 Total expenses and disbursements.				
Add lines 24 and 25	2,672,852.	48,502.		2,596,576.
27 Subtract line 26 from line 12:				
Excess of revenue over expenses and disbursements	1,645,450.	·		
b Net investment income (if negative, enter -0-)		1,270,023.		
c Adjusted net income (if negative, enter -0-)			N/A	

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	Part IV Capital Gains a	nd Losses for Tax on Ir	rvestmen	t Income					
		be the kind(s) of property sold (e.g ehouse; or common stock, 200 sh			(b) I	low acquired - Purchase - Donation		e acquired day, yr.)	(d) Date sold (mo., day, yr.)
1	a PUBLICLY TRADEL	SECURITIES							
_	<u>b</u>								
_	<u>C</u>				-				
	de				ļ				
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale				Gain or (loss us (f) minus (
	a 4,149,585.			3,040,93	0.				1,108,655.
	b								
	<u> </u>								
	d								
	Complete only for assets showing	gain in column (h) and owned by	the foundation	on 12/31/69	-		I) Gaine (Col. (h) gain	minue
-		(j) Adjusted basis	·	cess of col. (1)		CC	l. (k), but	not less that	n -0-) or
	(i) F.M.V. as of 12/31/69	as of 12/31/69		col. (j), if any			Losse	s (from col. ((h))
	a								1,108,655.
_1	b				\dashv				· · · · · · · · · · · · · · · · · · ·
_	<u>c</u>								
	<u>d</u>			·					
	<u>e</u>				$\overline{}$	- 1			-
2	Capital gain net income or (net capi	If gain, also enter If (loss), enter -0-				2			1,108,655.
	Net short-term capital gain or (loss	•					-		
•	If gain, also enter in Part I, line 8, co		(0).)			•-	
П	If (loss), enter -0- in Part I, line 8 Part V Qualification Un	dor Saction 4040(a) for	Paducad	Tay on Not	Inve	3		N/A	
_	or optional use by domestic private f						Joine		
(ı	or upitional use by domestic private i	oundations subject to the section 4	1940(a) tax 011	net investment in	COME	•)			
lf	section 4940(d)(2) applies, leave this	s part blank.				•			
W	as the foundation liable for the section	n 4942 tax on the distributable am	ount of any ye	ar in the base peri	iod?				Yes X No
	"Yes," the foundation does not qualify								
1	Enter the appropriate amount in ea		uctions before	making any entrie					(4)
	Base period years	(b) Adjusted qualifying dist	tributions	Net value of nor	(c) nchar	table-use assets	.	Distrib	(d) oution ratio rided by col. (c))
_	Calendar year (or tax year beginning 2010	,,	5,000.			532,65		(cor (p) div	.138996
_	2009		8,643.		1	717,390).		1.181236
Ξ	2008		6,678.		3_	749,209			.503220
_	2007		9,692.			017,292			.525800
_	2006	2,35	<u>2,565.</u>		_8_	050,783	3.		.292216
_									0 641460
	Total of line 1, column (d)		an line O by E	or butho aumbor	ofor		2	 	2.641468
3	Average distribution ratio for the 5- the foundation has been in existence	•	on line 2 by 5,	or by the number	or yea	I'S	3	}	.528294
	THE TOUTHOUTHOUTHES OCCIT IN EXISTENCE	o ir ioss triair o yours					-	<u> </u>	1320234
4	Enter the net value of noncharitable	-use assets for 2011 from Part X, I	line 5				4	1	6,445,165.
5	Multiply line 4 by line 3						5		<u>8,687,882.</u>
	_						Ì		
6	Enter 1% of net investment income	(1% of Part I, line 27b)					6	 	12,700.
7	Add lines 5 and 6								Q 700 E00
1	Add lines 5 and 6						7	 	<u>8,700,582.</u>
8	Enter qualifying distributions from F	Part XII, line 4					8		2,596,576.
	If line 8 is equal to or greater than III See the Part VI instructions.	ne 7, check the box in Part VI, line	1b, and comp	lete that part using	g a 1%	tax rate.			

			1919.			Page 4
Part		340 -	see in	istru	CHOI	15)
	xempt operating foundations described in section 4940(d)(2), check here 🕨 🔛 and enter "N/A" on line 1.					
	ate of ruling or determination letter: (attach copy of letter if necessary-see instructions)			_		
b D	omestic foundations that meet the section 4940(e) requirements in Part V, check here 🕒 🔲 and enter 1%	_1			5, <u>4</u>	<u>oo.</u>
of	f Part I, line 27b					
c A	ll other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b). 💚					
2 Ta	ax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	_2				<u> 0 </u>
3 A	dd lines 1 and 2	_3		2	5,4	<u>oo.</u>
4 S	ubtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				<u>0.</u>
5 Ta	ax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	_5		2	<u>5,4</u>	<u>00.</u>
6 Cı	redits/Payments:					
a 20	011 estimated tax payments and 2010 overpayment credited to 2011 6a 13,258.					
b Ex	xempt foreign organizations - tax withheld at source . 6b					
c Ta	ax paid with application for extension of time to file (Form 8868) 6c 25,000.			•		•
d Ba	ackup withholding erroneously withheld . 6d			•		
7 To	otal credits and payments. Add lines 6a through 6d	_7		3	3,2	<u>58.</u>
8 Er	nter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached	8				
9 Ta	ax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				
10 0	verpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		<u> </u>	2,8	<u>58.</u>
11 Er	nter the amount of line 10 to be: Credited to 2012 estimated tax 12,858. Refunded	11				0.
Part	VII-A Statements Regarding Activities					
1a Di	uring the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	ın	Ĺ		Yes	
an	ny political campaign?		Ĺ	1a		X
b Di	d it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?		L	1b_		<u>X</u>
lf.	the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publishe	d or]	- }	اق د	-
dı	stributed by the foundation in connection with the activities.			7		V-6.3
c Dı	d the foundation file Form 1120-POL for this year?			1c		X
d Er	nter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		-	- î		<u> جريع ٿا</u>
(1) On the foundation. ► \$ 0 • (2) On foundation managers. ► \$ 0 •		1		- 3	. " -
e Er	nter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			ļ	- 31	•
m	anagers. ▶ \$ 0 .			1		•
2 Ha	as the foundation engaged in any activities that have not previously been reported to the IRS?		L	2		<u> </u>
lf.	"Yes," attach a detailed description of the activities.		1	-	_ ' ,]	•
3 Ha	as the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or	•				. :
by	vlaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		L	3		<u>X</u>
4a Di	d the foundation have unrelated business gross income of \$1,000 or more during the year?		L	4a		X
b If	"Yes," has it filed a tax return on Form 990-T for this year?	N	/A [4b		
5 W	as there a liquidation, termination, dissolution, or substantial contraction during the year?		L	5		X
lf	"Yes," attach the statement required by General Instruction T.					
6 Ar	e the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:				·	
•	By language in the governing instrument, or			J		
•	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state	law			1	
	remain in the governing instrument?		_	6	X	
7 Di	d the foundation have at least \$5,000 in assets at any time during the year?			7	X	
lf.	"Yes," complete Part II, col. (c), and Part XV.		-			
8a En	nter the states to which the foundation reports or with which it is registered (see instructions)			- 1		
_1	<u></u>			i	ľ	
b lf t	the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)					
of	each state as required by General Instruction G? If "No," attach explanation			8b ~	х	
9 Is	the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for caler	ıdar	Γ			
	ar 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete Part XIV		L	9		<u>X</u>
10 Di	d any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			10		X
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	art VII-A Statements Regarding Activities (continued)	1 -	r			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of] ,.		٠,,		
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X		
12	2 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?					
	If "Yes," attach statement (see instructions)	12		X		
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	<u> </u>		
	Website address ► N/A					
14	The books are in care of ▶ DEAN D. BARR, DORSEY & WHITNEY LLP Telephone no. ▶612-45					
	Located at ► 50 SOUTH 6TH STREET, SUITE 1500, MINNEAPOLIS, MN ZIP+4 ►55	402	-14	98		
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	Ŋ	/A	T-8.8		
16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority over a bank,	1	Yes	No		
	securities, or other financial account in a foreign country?	16	Ļ	X		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign	1.	일:	,		
	country	<u> </u>				
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required	T ;				
	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):	1:	- 1			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	10.00		2,000		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	17-2		
	a disqualified person?			٠٠٠.		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			~_		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?		· '\t			
	(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)?			١.		
	(6) Agree to pay money or property to a government official? (Exception. Check "No"		74.			
	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.)	1,1				
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	1 i	* 1			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		<u> </u>		
	Organizations relying on a current notice regarding disaster assistance check here	3	- 1	1 5 / -		
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	- · · · · · · · · · ·		1		
	before the first day of the tax year beginning in 2011?	1c_		x		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	- 1,	14.3	,-,		
	defined in section 4942(j)(3) or 4942(j)(5)):	1 2	1.5			
а	At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning	75.4	15-	1		
	before 2011? Yes X No		، ، ، ، يا	·,		
	If "Yes," list the years ,,,,,,,,,,,,,					
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect	1 .	r			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach	<u> </u>				
	statement - see instructions.) N/A	2b		<u></u>		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.					
	>					
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time					
	during the year?			ľ		
h	of "Yes," did it have excess business holdings in 2011 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 if the foundation had excess business holdings in 2011.) N/A	ЗЬ				
A	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X		
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that					
	had not been removed from jeopardy before the first day of the tax year beginning in 2011?	4b		X		
	For	m 99 0	-PF			
	, -		,	,		

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5a During the year did the foundation pay or incur any amount to:	TOTAL TIZO May be I	required (contin	1000)	$\neg \neg$	$\overline{}$
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Y	es X No	ĺ	
(2) Influence the outcome of any specific public election (see section 4955); of	or to carry on, directly or indir		. . .		
any voter registration drive? (3) Provide a grant to an individual for travel, study, or other similar purposes	.?		es X No	ļ	
(4) Provide a grant to an individual for travel, study, or other similar purposes		٠. ــــــ ، ٠	78 (24) 110		
509(a)(1), (2), or (3), or section 4940(d)(2)?		X Y	es 🔲 No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or			ĺ	
the prevention of cruelty to children or animals?			es X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unit		in Regulations		5b	x
section 53.4945 or in a current notice regarding disaster assistance (see instru Organizations relying on a current notice regarding disaster assistance check h			▶┌┐ ├	30	- ^
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi		ined			
	E STATEMENT 1		es 🔲 No		
If "Yes," attach the statement required by Regulations section 53.494				- 1	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on	<u></u>	<u>चि</u>		
a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	perconal honofit contract?	Y6	es X No	6ь	x
If "Yes" to 6b, file Form 8870.	ici sonai penent contracti		-	- 55	
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Ye	es 🗓 No 📗	_ [<u> </u>
b If "Yes," did the foundation receive any proceeds or have any net income attribu		<u> </u>	N/A	7b	
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors		magers, Highly	/		
1 List all officers, directors, trustees, foundation managers and their		(c) Compensation	(d) Contributions to	1 (2)	Evpanos
(a) Name and address	(b) Title, and average hours per week devoted to position	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	acc al	Expense ount, other lowances
	DIR, PRESIDEN	T & TREAS			
622 FERNDALE ROAD WEST WAYZATA, MN 55391	1.00	0.	0.		_ 0.
		RETARY		'	<u> </u>
622 FERNDALE ROAD WEST					
WAYZATA, MN 55391	0.50	0.	0.		0.
	DIRECTOR	1			
111 4TH AVE N, #306	0.50		^		^
MINNEAPOLIS, MN 55401	0.50	0.	0.	+	0.
		J			
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	(d) Contributions to	Т ,	N. F
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans- and deferred compensation	1 400	Expense ount, other lowances
NONE					
		-		 	
				1	
				<u> </u>	
				1	
Total number of other employees paid over \$50,000			▶		0

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Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	on Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "N	IONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		▶ 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	information such as the	
number of organizations and other beneficiaries served, conferences convened, research papers produce	ed, etc.	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 line	s 1 and 2.	Amount
1 N/A		
2		
All other program-related investments. See instructions.		
3		

Total. Add lines 1 through 3

Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Part X Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: <u>15,917,076.</u> a Average monthly fair market value of securities 1a 778,523. b Average of monthly cash balances 16 c Fair market value of all other assets 1c 16,695,599. 10 d Total (add lines 1a, b, and c) e Reduction claimed for blockage or other factors reported on lines 1a and 0. 1e 1c (attach detailed explanation) Acquisition indebtedness applicable to line 1 assets 3 3 Subtract line 2 from line 1d 250,434. Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 5 5 16,445,165. 822,258. Minimum investment return. Enter 5% of line 5 Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain Part XI foreign organizations check here

and do not complete this part.) 822,258. Minimum investment return from Part X, line 6 25,400 2a Tax on investment income for 2011 from Part VI, line 5 b Income tax for 2011. (This does not include the tax from Part VI.) 25,400. c Add lines 2a and 2b Distributable amount before adjustments. Subtract line 2c from line 1 3 796,858. 3 Recoveries of amounts treated as qualifying distributions 4 4 796, 858. 5 Add lines 3 and 4 5 Deduction from distributable amount (see instructions) 6 6 7 7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 Part XII Qualifying Distributions (see instructions) 1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 2,596,576. Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1a h Program-related investments - total from Part IX-B 16 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 Amounts set aside for specific charitable projects that satisfy the: 3 Suitability test (prior IRS approval required) 3a Cash distribution test (attach the required schedule) 3b b 2,596,576 4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 4 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 Adjusted qualifying distributions. Subtract line 5 from line 4 6 Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section

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4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
1 Distributable amount for 2011 from Part XI,				706 050
line 7				796,858.
2 Undistributed income, if any, as of the end of 2011			ا م	
a Enter amount for 2010 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2011:				
a From 2006 1,961,472.				
b From 2007 3,350,709.				
c From 2008 1,700,528.				
d From 2009 1,943,133.				
e From 2010 861,290.				
f Total of lines 3a through e	9,817,132.		<u>-</u>	
4 Qualifying distributions for 2011 from	•			
Part XII, line 4: $> $$ 2,596,576.	,			
a Applied to 2010, 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 2011 distributable amount	-			796,858.
e Remaining amount distributed out of corpus	1,799,718.		•	
5 Excess distributions carryover applied to 2011 (If an amount appears in column (d), the same amount	0.		,	0.
must be shown in column (a)) 6 Enter the net total of each column as		; ~ ~	-	
indicated below:				
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	11,616,850.			
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	٠.			
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 2010. Subtract-line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2011. Subtract				
lines 4d and 5 from line 1. This amount must	[1		^
be distributed in 2012				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by	0.	1		
section 170(b)(1)(F) or 4942(g)(3)			·	
8 Excess distributions carryover from 2006	1 061 472			
not applied on line 5 or line 7	1,961,472.			
9 Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 6a	9,655,378.	1		
O Analysis of line 9:	3,033,3100			
a Excess from 2007 3,350,709.	1			
b Excess from 2008 1,700,528.				
c Excess from 2009 1,943,133.		1		
d Excess from 2010 861, 290.		j		
e Excess from 2011 1,799,718.	1	ļ	j	
VENOSUO II OIII EU II L 1 2 1 1 1 1 1 1 1 1				

Part XIV Private Operating	FIELDS FOUNI		(II-A guestion 9)	N/A	919362 Page 1
<u> </u>				N/A	
1 a If the foundation has received a ruling					
foundation, and the ruling is effective to		-	Lin continu	4942(J)(3) or	4942(j)(5)
b Check box to indicate whether the four2 a Enter the lesser of the adjusted net	Tax year	I Dundanon described	Prior 3 years	4342())(3) (11	4342())(3)
•	(a) 2011	(b) 2010	(c) 2009	(d) 2008	(e) Total
income from Part I or the minimum	(4) 2571	(8) 2010	(0) 2000	(6) 2000	(0) 10.21
investment return from Part X for					
each year listed		ļ	 	 	-
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					
exempt activities e Qualifying distributions made directly			<u> </u>	 	
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					
• • • • • • • • • • • • • • • • • • • •		1			
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter			 		
2/3 of minimum investment return		1			
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		1			
securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt organizations as provided in					
section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					<u> </u>
(4) Gross investment income					<u> </u>
Part XV Supplementary Info			if the foundation	had \$5,000 or m	ore in assets
at any time during	the year-see inst	ructions.)			<u> </u>
1 Information Regarding Foundati	•				
a List any managers of the foundation w			tributions received by the	foundation before the cl	ose of any tax
year (but only if they have contributed	more man 40,000). (See s	ection 507 (a)(2).)			
SEE STATEMENT 11		 			
 b List any managers of the foundation who other entity) of which the foundation has 			(or an equally large portion	on of the ownership of a	partnership or
•••	25 to 1070 or grouter interes	J.			
NONE	Vian Count Oiff I age	Cabalanahin ata F			=
2 Information Regarding Contribution Check here ► X if the foundation				ot account uncollected rec	waste for funds. If
the foundation makes gifts, grants, etc.					
a The name, address, and telephone num	· · · · · · · · · · · · · · · · · · ·			<u> </u>	
a The hame, address, and telephone ham	ibor or the person to who	парриодного оподна о	, addi oobod.		
b The form in which applications should	be submitted and informa	tion and materials they s	hould include:		
c Any submission deadlines:					
d Any restrictions or limitations on award	is, such as by geographic	al areas, charitable fields	, kınds of institutions, or c	ther factors:	

nter gross amounts unless otherwise indicated.	Unrelated b	usiness income		ed by section 512, 513, or 514	(e)
Program service revenue:	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
a	Code		1 1		~
	-				
	-		 		
	- 		 		
d			+		
e	-		+-+		
g Fees and contracts from government agencies	- 		1-1		
Membership dues and assessments			1 -		
	 		1		
Interest on savings and temporary cash					
Investments			14	200 070	
Dividends and interest from securities			 14	209,870.	
Net rental income or (loss) from real estate:			++		
a Debt-financed property			 		
b Not debt-financed property			┦		
Net rental income or (loss) from personal property					
Other investment income					
Gain or (loss) from sales of assets other					
than inventory			18	1,108,655.	
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory			J		
Other revenue:					
a					
b					
С		- · · · · ·			
d			T _T		
e					
Subtotal. Add columns (b), (d), and (e)		0	\Box	1,318,525.	
Total. Add line 12, columns (b), (d), and (e)				13_	1,318,52
ee worksheet in line 13 instructions to verify calculations.)				<u></u>	
art XVI-B Relationship of Activities	to the Accom	plishment of E	xempt	Purposes	
ine No. Explain below how each activity for which income the foundation's exempt purposes (other than			A contribu	ited importantly to the accomp	plishment of
··· ··································					
N/A					
· · · · · · · · · · · · · · · · · · ·					
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CLOVERFIELDS FOUNDATION

20-1919362

Page 13

Form 990-PF (2011)

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2011

Employer identification number Name of the organization 20-1919362 CLOVERFIELDS FOUNDATION Organization type (check one) Filers of: Section: 501(c)(Form 990 or 990-EZ) (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 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 II. 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, total 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 total 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 during the year ▶ \$ 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 Part I, 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) 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) (2011) Name of organization

Employer identification number

CLOVERFIELDS FOUNDATION

20-1919362

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	STEPHEN J. AND BARBARA K. HEMSLEY 622 FERNDALE ROAD WEST WAYZATA, MN 55391	\$ 2,999,777.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total 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) Total 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) Total 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) Total 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) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II if there is a noncash contribution.)

Employer identification number

CLOVERFIELDS FOUNDATION

20-1919362

Part II	Noncash Property (see instructions) Use duplicate copies of F	Part II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	58,900 SHS UNITEDHEALTH GROUP		
		\$ 2,999,777.	12/30/11
(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
(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
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	90, 990-EZ, or 990-PF) (201

lame of orga	(Form 990, 990-EZ, or 990-PF) (2011)		Page Employer identification number
ame or orga	anzanon		Employor localinostica nomber
CLOVER Part III	EFIELDS FOUNDATION Exclusively religious, charitable, etc., indiverse. Complete columns (a) through (e) and the total of exclusively religious, charitable, etc.	he following line entry. For organization	20-1919362 (7), (8), or (10) organizations that total more than \$1,000 for the completing Part III, enter the year, (False this information once) \$\$\$\$\$\$
	Use duplicate copies of Part III if addition		The year lend and morning on the year
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	it .
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transfer of gift	t Relationship of transferor to transferee
(a) No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
-		(e) Transfer of gift	t
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
(a) No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
		(e) Transfer of gift	t .
	Transferee's name, address, an	.d 7 ID <i>A</i>	Relationship of transferor to transferee

FORM 990-PF DIVIDENT	DS AND	INTER	EST	FROM	SECUI	RITIES	STATEMENT	1
SOURCE		GROSS	AMC	UNT		ITAL GAINS IVIDENDS	COLUMN (A AMOUNT)
RBC CAPITAL MARKETS LLC	-		209,	870.		0.	209,8	70.
TOTAL TO FM 990-PF, PART I, I	LN 4		209,	870.		0.	209,8	70.
FORM 990-PF	AC	COUNTI	NG F	EES	<u></u>		STATEMENT	2
DESCRIPTION	EXPE	A) NSES BOOKS		(B) INVI T INC		(C) ADJUSTED NET INCOM		
DORSEY & WHITNEY	4	4,450.			0.			0.
TO FORM 990-PF, PG 1, LN 16B		4,450.			0.			0.
FORM 990-PF (OTHER I	PROFES	SION	AL FI	EES		STATEMENT	3
DESCRIPTION	EXPE	A) NSES BOOKS		(B) INVE T INC		(C) ADJUSTED NET INCOM		
INVESTMENT FEES	48	3,502.		48,	502.		· · · · · · · · · · · · · · · · · · ·	0.
TO FORM 990-PF, PG 1, LN 16C	48	3,502.		48,	502.			0.
FORM 990-PF		TAX	ES				STATEMENT	4
DESCRIPTION	EXPE	A) NSES BOOKS		(B) INVE T INC		(C) ADJUSTED NET INCOM		
EXCISE TAXES	20	,900.			0.			0.
TO FORM 990-PF, PG 1, LN 18	20	900.			0.			0.

	(A) XPENSES ER BOOKS	(B) NET INVEST			(D) CHARITABLE PURPOSES	
OTHER .	2,424.		0.		0.	
TO FORM 990-PF, PG 1, LN 23	2,424.		0.		0.	
FORM 990-PF	CORPORATE	STOCK		STATEMENT	 6	
DESCRIPTION		1	BOOK VALUE	FAIR MARKE VALUE	ìT	
2900 SHS ACE LIMITED 5000 SHS AON CORP 1800 SHS APACHE CORP 1900 SHS AXIS CAPITAL HOLDINGS 1000 SHS BAXTER INTERNATIONAL I 9700 SHS BROADRIDGE FINANCIAL S 3000 SHS CHECK POINT SOFTWARE 1500 SHS CHEVRON 5000 SHS CHUBB CORP 2100 SHS CIT GROUP INC 2300 SHS COMCAST CORP 900 SHS DEVON ENERGY CORPORATION 12,200 SHS FMC CORP 340 SHS GOOGLE INC 2500 SHS HOLOGIC INC 3900 SHS IMAX CORP 1664 SHS KINDER MORGAN MGMT LLC 2500 SHS LIFE TECHNOLOGIES CORP 2300 SHS MICROSOFT CORP 3900 SHS STATE STREET CORP 2000 SHS STATE STREET CORP 3200 SHS THERMO FISHER SCIENTIF 2266 SHS TIME WARNER INC 2000 SHS UNITEDHEALTH GROUP 91,244 SHS UNITEDHEALTH GROUP 91,245 SHS WALT DISNEY CO HOLDING 160,000 SHS WALT DISNEY CO HOLDING 1600 SHS WESTERN UNION CO 1600 SHS WESTERN UNION CO 1600 SHS WESTERN UNION CO 1600 SHS WILLIAMS COMPANIES IN 16115 SHS NESTLE SA-SPONSORED AD 1622,000 SHS UNILEVER PLC	NC OLUTIONS N ORATION IC INC CO C			97,2 59,7 100,0 68,6 60,4 143,9 146,3 8,108,8 4,624,2 2,985,0	00 0	

FORM 990-PF	CORPORATE BONDS		STATEMENT 7
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
SEARIVER MARITIME FINL HLDG AMGEN INC SR CV		246,601. 147,525.	248,261. 151,313.
TOTAL TO FORM 990-PF, PART II,	LINE 10C	394,126.	399,574.
10112 10 10121 350 11, 11211 12,	HINE IVE		33373741
FORM 990-PF	OTHER INVESTMENTS	334,120.	STATEMENT 8
		BOOK VALUE	
FORM 990-PF	OTHER INVESTMENTS VALUATION		STATEMENT 8

9

FORM 990-PF LOANS PAYABLE TO OFFICER'S, DIRECTOR'S, ETC.

STATEMENT

LENDER'S NAME AND TITLE

STEPHEN AND BARBARA HEMSLEY, DIRECTORS

DATE OF NOTE

DATE

MATURITY INTEREST RATE

TERMS OF REPAYMENT

10/29/10

.00%

SECURITY PROVIDED BY BORROWER

PURPOSE OF LOAN

NONE

PROVIDE TEMPORARY OPERATING FUNDS

DESCRIPTION OF CONSIDERATION

FMV OF CONSIDERATION LOAN AMOUNT

ORIGINAL

BALANCE DUE

CASH

0.

500,000.

495,000.

TOTAL TO FORM 990-PF, PART II, LINE 20, COLUMN B

495,000.

CLOVERFIELDS FOUNDATION

FORM 990-PF

EXPENDITURE RESPONSIBILITY STATEMENT PART VII-B, LINE 5C

STATEMENT 10

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

10,000.

01/25/11

10,000.

07/31/12

PURPOSE OF GRANT

CEMETERY RESTORATION

DATES OF REPORTS BY GRANTEE

JULY 31, 2012

ANY DIVERSION BY GRANTEE

--NO-----

RESULTS OF VERIFICATION

CEMETERY RESTORATION

FORM 990-PF

PART XV - LINE 1A LIST OF FOUNDATION MANAGERS STATEMENT 11

NAME OF MANAGER

STEPHEN J. HEMSLEY BARBARA K. HEMSLEY

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Purpose of grant or contribution Foundation show any relationship to Amount status of any foundation manager Name and address (home or business) or substantial contributor recipient a Paid during the year ANDRAY BLATCHE FOUNDATION PUBLIC CHARITY OPERATING FUND N/A 10235 W SAMPLE ROAD 25,000. CORAL SPRINGS, FL 33065 PUBLIC CHARITY OPERATING FUND -ARCHDIOCESE OF SAINT PAUL AND N/A TECHNOLOGY NETWORK MINNEAPOLIS 226 SUMMIT AVENUE 250,000. ST PAUL MN 551022197 BASILICA OF ST. MARY'S N/A PUBLIC CHARITY DUTREACH PROGRAM AND BOX 50010 THE ASCENSION SCHOOL MINNEAPOLIS, MN 55405-0010 13,576. CRISTO REY JESUIT HIGH SCHOOL N/A PUBLIC CHARITY TWIN CITIES BUILDING FUND 2924 4TH AVE S MINNEAPOLIS, MN 55408-4194 250,000. FRASER N/A PUBLIC CHARITY OPERATING FUND 2400 WEST 64TH STREET MINNEAPOLIS MN 55423 1,000. SEE CONTINUATION SHEET(S) Total ➤ 3a 2 596 576. b Approved for future payment NONE Total

Part XV Supplementary Informati	FIELDS FOUNDATION	OTA	20-19	13304
3 Grants and Contributions Paid During the				
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	A
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
GEORGETOWN UNIVERSITY	N/A	PUBLIC CHARITY	GEORGETOWN COLLEGE	
BOX 571253 WASHINGTON, DC 20057-1253			DEAN'S DISCRETIONARY FUND	50,000
INTERFAITH OUTREACH & COMMUNITY PARTNERS	N/A	PUBLIC CHARITY	OPERATING FUND	
110 GRAND AVE S WAYZATA, MN 55391-1872				300,000
MARYWOOD UNIVERSITY 2300 ADAMS AVENUE	N/A	PUBLIC CHARITY	OPERATING FUND	
SCRANTON, PA 18509				5,000
MINNEAPOLIS INSTITUTE OF ARTS 2400 THIRD AVE S	N/A	PUBLIC CHARITY		
MINNEAPOLIS, MN 55404				25,000
MINNEAPOLIS INSTITUTE OF ARTS 2400 THIRD AVE S MINNEAPOLIS MN 55404	N/A	PUBLIC CHARITY	FUNDING FOR ART PERCHANCE EVENT	25,000
MINNESOTA PUBLIC RADIO 480 CEDAR STREET	N/A	PUBLIC CHARITY	OPERATING FUND	50,000
ST PAUL, MN 55101				30,000
RISEN CHRIST SCHOOL 1120 EAST 37TH STREET MINNEAPOLIS, MN 55407	V/A	PUBLIC CHARITY	OPERATING FUND	250,000
STANFORD UNIVERSITY 326 GALVEZ STREET STANFORD, CA 94305-6105	N/A	PUBLIC CHARITY	OPERATING FUND FOR GRADUATE SCHOOL OF BUSINESS	375,000
THE CHILDREN'S THEATRE	N/A	PUBLIC CHARITY	CAPITAL CAMPAIGN	
AINNEAPOLIS, MN 55404-3597				200,000
THE CLOVER FIELDS PRESERVATION FOUNDATION INC C/O D BARR, 50 S 6TH ST, STE 1500	N/A	PRIVATE FOUNDATION	CEMETERY RESTORATION	
4INNEAPOLIS, MN 55402-1498 Total from continuation sheets		<u></u>		10,000 2,057,000
י עומו וועוון עטוונוווווווווווווווווווווווווווווווווו				2,031,000

CLOVERFIELDS FOUNDATION

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) Recipient If recipient is an individual, Foundation Purpose of grant or show any relationship to contribution Amount any foundation manager status of Name and address (home or business) recipient or substantial contributor PUBLIC CHARITY VISION FOR THE FUTURE THE PONTIFICAL NORTH AMERICAN COLLEGE N/A CAMPAIGN 3211 FOURTH STREET NE 50,000. WASHINGTON, DC 20017-1194 PUBLIC CHARITY OPERATING FUND THE SAINT PAUL SEMINARY N/A 2260 SUMMIT AVENUE ST PAUL, MN 55105-1094 205,000, PUBLIC CHARITY OPERATING FUND TRI-ING FOR KIDS INC N/A 111 W MAIN STREET 1,000. BAY SHORE, NY 11706 PUBLIC CHARITY UNITED HEALTHCARE CHILDREN'S FUNDING FOR MEDICAL N/A GRANTS OF CHILDREN IN FOUNDATION NEED MN012-S286, PO BOX 41 5,000. MINNEAPOLIS, MN 55440-0041 PUBLIC CHARITY OPERATING FUND UNITED WAY OF MINNEAPOLIS N/A 404 SOUTH 8TH STREET 6,000, MINNEAPOLIS MN 55404 PUBLIC CHARITY OPERATING FUND UNIVERSITY OF ST. THOMAS N/A 2115 SUMMIT AVENUE 500,000. ST PAUL, MN 55105 Total from continuation sheets

Form **8868** (Rev January 2012)

Department of the Treasury

Application for Extension of Time To File an **Exempt Organization Return**

OMB No 1545-1709

internal ne	veille Selvice	arate app	incation for each return.				
• If you	are filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box			x	
=	are filing for an Additional (Not Automatic) 3-Month Ex	•		this form)			
	complete Part II unless you have already been granted						
	nic filing (e-file). You can electronically file Form 8868 if					noration	
	to file Form 990-T), or an additional (not automatic) 3-mo	•		-		•	
	o file any of the forms listed in Part I or Part II with the ex		·				
	Benefit Contracts, which must be sent to the IRS in page						
	w.irs.gov/efile and click on e-file for Chanties & Nonprofits		(See manuchons). For more details t	on the ele	cuonic ming or this	5 101111,	
Part			submit original (no copies ne	eded).			
1. 3	ration required to file Form 990-T and requesting an autor						
Part I or	•			-			
	corporations (including 1120-C filers), partnerships, REM						
	come tax returns.		rusts must use romi root to reques				
Type or print	Name of exempt organization or other filer, see instru	ctions.		Employe	r identification nun	nber (EIN) or	
•	CLOVERFIELDS FOUNDATION			X	20-19193	62	
File by the due date fo	Number, street, and room or suite no. If a P.O. box, s	ee instruc	tions.	Social se	N)		
filing your return See	C/O DEAN BARR, 50 SOUTH 6TH	H STR	EET, NO. 1500				
instructions	City, town or post office, state, and ZIP code. For a fo	oreign add	Iress, see instructions.				
	MINNEAPOLIS, MN 55402-149	8					
Enter the	e Return code for the return that this application is for (file	a separa	te application for each return)			0 4	
Applicat	tion	Return	Application		· · · · · · · · · · · · · · · · · · ·	Return	
Is For		Code	Is For			Code	
Form 99	0	01	Form 990-T (corporation)			07	
Form 99		02	Form 1041-A	08			
Form 99		01	Form 4720			09	
Form 99		04	Form 5227			10	
	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
	0-T (trust other than above)	06	Form 8870			12	
10111100			Y & WHITNEY LLP -	50 SO	итн 6тн		
• The b	ooks are in the care of STREET, SUITE						
	hone No. ► 612-492-6440		FAX No. ▶ 877-814-21				
	organization does not have an office or place of business	s in the Ur				• []	
	is for a Group Return, enter the organization's four digit			_		check this	
box >	. If it is for part of the group, check this box						
	equest an automatic 3-month (6 months for a corporation						
,			tion return for the organization name		The extension		
ısı	or the organization's return for	.					
	X calendar year 2011 or						
•		, an	d endina				
•					 `		
2 If t	he tax year entered in line 1 is for less than 12 months, c	heck reas	on. Initial return E	- Inal retur	n		
_ <u>_</u>	Change in accounting period						
_	Orlange in accounting period						
3a If t	his application is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6069 e	nter the tentative tax less any				
	nrefundable credits See instructions	or 0000, c.	mor the terriality tax, less arry	3a	\$ 3	8,258.	
					3,258.		
	lance due. Subtract line 3b from line 3a Include your pa			35		J, 430 •	
	using EFTPS (Electronic Federal Tax Payment System)	•		3c	s 2	5,000.	
	If you are going to make an electronic fund withdrawal w						

Form 886	68 (Rev 1-2012)					Page:
If you a	are filing for an Additional (Not Automatic) 3-Month Ex	ctension,	complete only Part II and check the	s box .		. > 🗓
Note. On	ly complete Part II if you have already been granted an a	automatic	3-month extension on a previously	filed Forr	n 8868.	
• If you a	are filing for an Automatic 3-Month Extension, comple	te only Pa	art I (on page 1)			
Part II	Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	nal (no	copies r	needed).
			Enter filer's	identify	ing numb	er, see instructions
Type or	Name of exempt organization or other filer, see instru	ctions				ation number (EIN) o
print		' '	projection and the first of			
File by the	CLOVERFIELDS FOUNDATION			X	20-	1919362
due date for-	Number, street, and room or suite no. If a P O. box, s	ee nstruc	tions	Socials		mber (SSN)
filing your return See	C/O DEAN BARR, 50 SOUTH 6TH				,	(2017)
instructions	City, town or post office, state, and ZIP code. For a fo					
	MINNEAPOLIS, MN 55402-1498	oroigir add				
	FILLING COLD, IN STAGE 1130					
Entor the	Return code for the return that this application is for (file		to application for each return)			0 4
Curer fue	neturn code for the return that this application is for this	s a separa	te application for each return)			
		Datum	Application	<u>_</u>		Datum
Applicati	on	Return	1			Return
Is For		Code	Is For			Code_
Form 990		01	Form 1041 A			00
Form 990		02	Form 1041-A			08
Form 990		01	Form 4720			09
Form 990		04	Form 5227			10
	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			
	-T (trust other than above)	06	Form 8870			<u> </u>
STOPI Do	not complete Part II if you were not already granted					
	· · · · · · · · · · · · · · · · · · ·		Y & WHITNEY LLP -			
	·	<u> 1500 </u>	- MINNEAPOLIS, MN		<u> 2-1498</u>	3
	one No. ► 612-492-6440		FAX No. ► 877-814-21			—
	rganization does not have an office or place of business					
	s for a Group Return, enter the organization's four digit					
box 🕨	. If it is for part of the group, check this box		ch a list with the names and EINs o	f all mem	bers the e	xtension is for.
		OVEM	BER 15, 2012.			
	calendar year ${\color{red} {2011}}$, or other tax year beginning ${\color{gray} {\color{gray} {g} {\color{gray} {\color{gray} {\color{gra}$, and ending	<u>g</u>		·
6 If th	e tax year entered in line 5 is for less than 12 months, cl	heck reas	on: Initial return	Final	return	
	☐ Change in accounting period					
	te in detail why you need the extension					
	XPAYER HAS NOT OBTAINED INFO					
			IS RESPECTFULLY R	EQUE:	STED ?	CHAT AN
AD	<u>DITIONAL EXTENSION OF TIME 1</u>	ro fil	LE BE GRANTED.			
8a If th	is application is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6069, e	nter the tentative tax, less any		1	
non	refundable credits. See instructions.			8a	\$	38,258.
b If th	is application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and estimated		:	
taxı	payments made. Include any prior year overpayment alle	owed as a	credit and any amount paid			
pre	viously with Form 8868.			8b	\$	38,258.
c Bala	ance due. Subtract line 8b from line 8a. Include your pa	yment wit	h this form, if required, by using			
	PS (Electronic Federal Tax Payment System). See instru	-		8c	\$	0.
			st be completed for Part II			
Jnder nena	Ities of perjury, I declare that I have examined this form, includi			_	of my know	ledge and belief.
is true, co	rrect, and complete, and that I am authorized to prepare this fo	rm.	, , ,			
Sinnature •	Dean D Bana Title	CPA		Dat	. 8	9 12