

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-PF**

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

2011

Fo	r calendar year 2011 or tax year beginning	, an	d ending			
Na	ame of foundation			A Em	ployer identification nu	mber
	HARLES & KIMBERLY HEMMER FOUNDATION				37-1379	077
Nu	umber and street (or P O box number if mail is not delivered to street add	tress)	Room/suite	B Tele	ephone number (see inst	ructions)
<u>C\(</u>	O GREG HUNZIKER, COMMERCE BANK 416 MAIN ST	REET	1600		(309) 676-	7777
Ci	ty or town, state, and ZIP code			C If ex	emption application is pe	ending, check here
PE	ORIA _	IL 6	1602			
G	Check all that apply:	I return of a former p	ublic charity	D 1. F	oreign organizations, che	eck here
	☐ Fınal return ☐ Ame	nded return		2. F	oreign organizations mee	eting the 85% test
	Address change Nam	e change			heck here and attach con	_
Н	Check type of organization Section 501(c)(3) exer	mpt private foundation	n	Fire	ivate foundation status wa	na torminated
	Section 4947(a)(1) nonexempt charitable trust O	ther taxable private f	oundation		er section 507(b)(1)(A), c	
ī	Fair market value of all assets at end J Accounting in	method X Cash	Accrual	F If the	e foundation is in a 60-mo	onth termination
-	of year (from Part II, col (c),	ecify)		-	er section 507(b)(1)(B), c	
	line 16) ▶\$ 403,789 (Part I, column (o	i) must be on cash basis	s)			
Pa	Analysis of Revenue and Expenses (The total of	(a) Revenue and	(h) Naturalen		(a) Advistad ask	(d) Disbursements
	amounts in columns (b), (c), and (d) may not necessarily equal	expenses per	(b) Net investm income	erit	(c) Adjusted net income	for charitable purposes
	the amounts in column (a) (see instructions))	books				(cash basis only)
	1 Contributions, gifts, grants, etc., received (attach schedule)	66,996		\perp		
	2 Check ▶ if the foundation is not required to attach Sch B			-		
	3 Interest on savings and temporary cash investments	20		20		
	4 Dividends and interest from securities .	6,443	6	,443		
Revenue	5 a Gross rents			- 이		
	b Net rental income or (loss)					
	6 a Net gain or (loss) from sale of assets not on line 10	0				
Š	b Gross sales price for all assets on line 6a 0			700		
Œ	l =			,736	0	
	8 Net short-term capital gain 9 Income modifications					
	10 a Gross sales less returns and allowances				DEC	IVED
	b Less Cost of goods sold 0	-				28
	c Gross profit or (loss) (attach schedule)	0			S 2224 5	0 2012
	11 Other income (attach schedule)	0		0	O YAM	0 2012 10
	12 Total. Add lines 1 through 11	73,459	9	,199	0	Total Control of the
- v	13 Compensation of officers, directors, trustees, etc	0			OGD	EN. UT
ıse	14 Other employee salaries and wages				000	
ĕ	15 Pension plans, employee benefits					
Expenses	16 a Legal fees (attach schedule)	10		10	0	10
a)	D Accounting tees (attach schedule)	0		0	0	0
≩	c Other professional fees (attach schedule)	437		437	0	437
ţ	17 Interest			221		
i <u>s</u>	18 Taxes (attach schedule) (see instructions)	831		831	0	831
Administrativ	19 Depreciation (attach schedule) and depletion 20 Occupancy	0		- 이	0	
Ad	20 Occupancy 21 Travel, conferences, and meetings					
and	22 Printing and publications					
ā	23 Other expenses (attach schedule)	15		15	0	15
perating	24 Total operating and administrative expenses.	13	-			13
äŧ	Add lines 13 through 23	1,293	1	,293	o	1,293
oer	25 Contributions, gifts, grants paid	5,308	·			5,308
Ö	26 Total expenses and disbursements. Add lines 24 and 25	6,601	1	,293	0	6,601
	27 Subtract line 26 from line 12	0,001	<u>'</u>	,		0,001
	Excess of revenue over expenses and disbursements	66,858				
	b Net investment income (if negative, enter -0-)		7	,906		
	c Adjusted net income (if negative, enter -0-)				0	



6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

429.386

(a) List and describe the	Id Losses for Tax on Invested the kind(s) of property sold (e.g., real estates, or common stock, 200 shs MLC Co	e,	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a See Attached Statement					
b					
С			_		
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)		r other basis ense of sale		iain or (loss) s (f) minus (g)
a 0	0		0		0
<u>b</u> 0	0		0		0
<u>c</u> 0	0		0	=	0
<u>d</u> 0	0		0		0
<u>e</u> 0	0		0		0
Complete only for assets show	ving gain in column (h) and owned	by the foundation	on on 12/31/69		Col (h) gain minus
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		ss of col (i) I (j), if any	, ,	not less than -0-) or (from col (h))
a 0	0		0		C
b 0			0		0
c 0	0		0		0
d 0	0	-	0		0
e 0	0		0		C
2 Capital gain net income or		so enter in Pa enter -0- in Pa		2	2,736
	or (loss) as defined in sections	1222(5) and	(6):		=,,,,,,
<u> </u>	line 8, column (c) (see instruct		, enter -0-		
	der Section 4940(e) for Rec			3	6,338
If section 4940(d)(2) applies, let Was the foundation liable for the If "Yes," the foundation does not be section.	he section 4942 tax on the disti			the base period	? Yes No
1 Enter the appropriate ame	ount in each column for each y	ear; see the II	nstructions before	e making any ent	ries.
(a) Base period years	(b) Adjusted qualifying distributions	s Net value	(c) of noncharitable-use a	SSAIS I	(d) Distribution ratio
Calendar year (or tax year beginning ii 2010		790	326	6.054	o) divided by col. (c)) 0.023892
2009		730	020	5,054	0.000000
2008	*			•	0.000000
2007					0.000000
2006					0.000000
-				2	0.023892
3 Average distribution ratio for	or the 5-year base period—divi undation has been in existence	de the total or	n line 2 by 5, or b		0.023892
4 Enter the net value of nonc	chantable-use assets for 2011 f	from Part X, III	ne 5	. 4	401,833
5 Multiply line 4 by line 3 .				. 5	9,601
6 Enter 1% of net investment	t income (1% of Part I, line 27b)		. 6	79
7 Add lines 5 and 6				. 7	9,680
	ns from Part XII, line 4 er than line 7, check the box in				6,601

,	2 Enter the reinibarcement (if any) paid by the realisation during the year for political expenditure tax imposed			•
	on foundation managers \$	L		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		Х
	If "Yes," attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles			
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4 :	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		Х
- 1	b If "Yes," has it filed a tax return on Form 990-T for this year? .	4b	N/A	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		
	If "Yes," attach the statement required by General Instruction T			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either]
	By language in the governing instrument, or			l
	By state legislation that effectively amends the governing instrument so that no mandatory directions			1
	that conflict with the state law remain in the governing instrument?	6	X	
7	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.	7	Х	Г
8	a Enter the states to which the foundation reports or with which it is registered (see instructions)			
	<u>L</u>	ł		
- 1	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney			ĺ
	General (or designate) of each state as required by General Instruction G? If "No," attach explanation .	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)			
	or 4942(j)(5) for calendar year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes,"			
	complete Part XIV	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing			

their names and addresses

if the foundation had excess business holdings in 2011)

Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2011?

Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable

Х

3ь

4a

4b

		F (2011) CHARLES & KIMBERLY HEI						<u>37-137</u>	9077	Р	age 6
		-B Statements Regarding Activiti			n 4720 May Be R	equired (<u>(continued)</u>				
5a		g the year did the foundation pay or incur any									
	٠,	Carry on propaganda, or otherwise attempt t		,	. ,,	•	Yes	X] No			
	(2)	Influence the outcome of any specific public		•	955); or to carry					1	
		on, directly or indirectly, any voter registratio	n arıv	/e' .		•	Yes [∐ No	}		
	(3)	Provide a grant to an individual for travel, stu	idy, o	r other sımılar pur	poses?		Yes	∐ No		1	
	(4)	Provide a grant to an organization other than	a ch	arıtable, etc., orga	inization described			_	ŀ		
		in section 509(a)(1), (2), or (3), or section 49	40(d)	(2)? (see instruction	ons)		Yes 2	∐ No			
	(5)	Provide for any purpose other than religious,	char	rtable, scientific, li	terary, or			_			
		educational purposes, or for the prevention of	of cru	elty to children or	anımals?		Yes	X No			
b	If any	answer is "Yes" to 5a(1)-(5), did any of the	trans	actions fail to qual	ify under the exception	ons describe	ed in	_			
	Regu	lations section 53 4945 or in a current notice	rega	rdıng dısaster assı	stance (see instruction	ons)?			5b	N/A	
	Orga	nizations relying on a current notice regarding	, disa	ster assistance ch	eck here		. ▶[
С	If the	answer is "Yes" to question 5a(4), does the f	ound	ation claim exemp	tion from the		_		1		
	tax be	ecause it maintained expenditure responsibili	ty for	the grant?			Yes	No			
	If "Y€	s," attach the statement required by Regulati	ons s	section 53 4945–5	(d)			_			
6a	Did th	ne foundation, during the year, receive any fu	nds, d	directly or indirectl	v, to pay						
		iums on a personal benefit contract?		•			Yes	No.			
b	Did th	ne foundation, during the year, pay premiums	, dıre	ctly or indirectly, o	n a personal benefit	contract?			6b		Χ
		s" to 6b, file Form 8870.	•								
7a	At an	y time during the tax year, was the foundation	n a pa	arty to a prohibited	tax shelter transacti	on?	Yes D	No			
		s," did the foundation receive any proceeds o	•	- •					7b		
_	art V						s. Highly Pa	id Fm	nlov	200	
_											
				,	,	aago.	o,g,		ipioy	ccs,	
1	List	and Contractors							ipioy		
1	List	and Contractors all officers, directors, trustees, found	atior		their compensa (c) Compensation	tion (see i					ınt
1	List	and Contractors	atior	n managers and Title, and average hours per week	their compensa (c) Compensation (If not paid, enter	tion (see i	nstructions). ontributions to see benefit plans	(e)	Expens	se accou	
	-	and Contractors all officers, directors, trustees, found (a) Name and address	atior (b)	n managers and Title, and average hours per week evoted to position	their compensa (c) Compensation	tion (see i	nstructions).	(e)	Expens	se accou	
Wil	LIS L	and Contractors all officers, directors, trustees, found (a) Name and address HUNZIKER	atior	n managers and Title, and average hours per week evoted to position	their compensation (c) Compensation (lf not paid, enter -0-)	tion (see i (d) Co employe and defer	nstructions). ontributions to be benefit plans red compensation	(e)	Expens	se accou	s
WII 612	LIS L	and Contractors all officers, directors, trustees, found (a) Name and address HUNZIKER OLLAIRE DRIVE PEORIA IL 61614	atior (b) de	n managers and Title, and average hours per week evoted to position	their compensa (c) Compensation (If not paid, enter	tion (see i (d) Co employe and defer	nstructions). ontributions to be benefit plans red compensation	(e)	Expens	se accou	
WII 612 BR	LIS L	and Contractors all officers, directors, trustees, found (a) Name and address HUNZIKER OLLAIRE DRIVE PEORIA IL 61614 GRAHAM	atior (b)	n managers and Title, and average hours per week evoted to position .00	their compensa (c) Compensation (If not paid, enter -0-)	tion (see i (d) Cc employe and deferi	nstructions). ontributions to see benefit plans eed compensation	(e) (Expens	se accou	s 0
WII 612 BR 147	LIS L 1 KN UCE (24 M	and Contractors all officers, directors, trustees, found (a) Name and address HUNZIKER OLLAIRE DRIVE PEORIA IL 61614 GRAHAM ENDENHALL RD PRINCEVILLE IL 618	ation (b) de DIR	n managers and Title, and average hours per week evoted to position .00	their compensation (c) Compensation (lf not paid, enter -0-)	tion (see i (d) Cc employe and deferi	nstructions). ontributions to see benefit plans eed compensation	(e)	Expens	se accou	s
WII 612 BR 147 KE	LIS L 1 KN UCE (24 M N HO	and Contractors all officers, directors, trustees, found (a) Name and address HUNZIKER OLLAIRE DRIVE PEORIA IL 61614 GRAHAM ENDENHALL RD PRINCEVILLE IL 618 ERR	atior (b) de	n managers and Title, and average hours per week evoted to position .00	their compensa (c) Compensation (If not paid, enter -0-)	tion (see i (d) Cd employe and defen	nstructions). Intributions to be benefit plans ed compensation	(e) 0	Expens	se accou	0 0
WII 612 BR 147 KEI 961	LIS L 1 KN UCE ('24 M N HO 6 N F	and Contractors all officers, directors, trustees, found (a) Name and address HUNZIKER OLLAIRE DRIVE PEORIA IL 61614 GRAHAM ENDENHALL RD PRINCEVILLE IL 615 ERR IT 91 PEORIA IL 61615	ation (b) de DIR DIR	n managers and Title, and average hours per week evoted to position .00 .00	their compensa (c) Compensation (If not paid, enter -0-)	tion (see i (d) Cd employe and defen	nstructions). Intributions to be benefit plans ed compensation	(e) (Expens	se accou	s 0
WII 612 BR 147 KEI 961 BR	LIS L 1 KN UCE ('24 M N HOI 6 N F	and Contractors all officers, directors, trustees, found (a) Name and address HUNZIKER OLLAIRE DRIVE PEORIA IL 61614 GRAHAM ENDENHALL RD PRINCEVILLE IL 615 ERR IT 91 PEORIA IL 61615 UEBEL	ation (b) de DIR	n managers and Title, and average hours per week evoted to position .00 .00	their compensa (c) Compensation (If not paid, enter -0-)	tion (see i (d) Co employs and defen	nstructions). Intributions to be benefit plans ed compensation	(e) 0	Expens	se accou	0 0
WII 612 BR 147 KE 961 BR 121	LIS L 21 KN UCE (24 M N HO 6 N F ENT]	and Contractors all officers, directors, trustees, found (a) Name and address HUNZIKER OLLAIRE DRIVE PEORIA IL 61614 GRAHAM ENDENHALL RD PRINCEVILLE IL 616 ERR AT 91 PEORIA IL 61615 TUEBEL ALLEN RD DUNLAP IL 61525	DIR	n managers and Title, and average hours per week evoted to position .00 .00 .00	their compensa (c) Compensation (if not paid, enter -0-)	tion (see i (d) Cd employs and deferi	nstructions). ontributions to see benefit plans red compensation	(e) 0	Expension all	se accou	0 0
WII 612 BR 147 KE 961 BR 121	LIS L 1 KN UCE (24 M N HO 6 N F ENT 1 28 N Com	and Contractors all officers, directors, trustees, found (a) Name and address HUNZIKER OLLAIRE DRIVE PEORIA IL 61614 GRAHAM ENDENHALL RD PRINCEVILLE IL 616 ERR RT 91 PEORIA IL 61615 TUEBEL ALLEN RD DUNLAP IL 61525 pensation of five highest-paid emplo	DIR	n managers and Title, and average hours per week evoted to position .00 .00 .00	their compensa (c) Compensation (if not paid, enter -0-)	tion (see i (d) Cd employs and deferi	nstructions). ontributions to see benefit plans red compensation	(e) 0	Expension all	se accou	0 0
WII 612 BR 147 KE 961 BR 121	LIS L 1 KN UCE (24 M N HO 6 N F ENT 1 28 N Com	and Contractors all officers, directors, trustees, found (a) Name and address HUNZIKER OLLAIRE DRIVE PEORIA IL 61614 GRAHAM ENDENHALL RD PRINCEVILLE IL 616 ERR AT 91 PEORIA IL 61615 TUEBEL ALLEN RD DUNLAP IL 61525	DIR	n managers and Title, and average hours per week evoted to position .00 .00 .00 .00 .00 .00	(c) Compensation (If not paid, enter -0-) 0 0 0 0 ose included on li	tion (see i	nstructions). ontributions to see benefit plans red compensation	(e) 0	Expension all	se accou	0 0
WII 612 BR 147 KEI 961 BR 121	LIS L 1 KN UCE (24 M N HO 6 N F ENT 1 28 N Com	and Contractors all officers, directors, trustees, found (a) Name and address HUNZIKER OLLAIRE DRIVE PEORIA IL 61614 GRAHAM ENDENHALL RD PRINCEVILLE IL 615 ERR IT 91 PEORIA IL 61615 UEBEL ALLEN RD DUNLAP IL 61525 pensation of five highest-paid employ	DIR DIR	n managers and Title, and average hours per week evoted to position .00 .00 .00 .00 (other than the	(c) Compensation (If not paid, enter -0-) 0 0 0 0 0 0 0 0 0 0 0 0 0	tion (see i (d) Co	nstructions). Instructions to be benefit plans red compensation instructions contributions to nployee benefit	(e) 0 0 0 0 0. If no	Expension in the control of the cont	se accor	0 0 0
WII 612 BR 147 KEI 961 BR 121	LIS L 1 KN UCE (24 M N HO 6 N F ENT 1 28 N Com	and Contractors all officers, directors, trustees, found (a) Name and address HUNZIKER OLLAIRE DRIVE PEORIA IL 61614 GRAHAM ENDENHALL RD PRINCEVILLE IL 616 ERR RT 91 PEORIA IL 61615 TUEBEL ALLEN RD DUNLAP IL 61525 pensation of five highest-paid emplo	DIR DIR	n managers and Title, and average hours per week evoted to position .00 .00 .00 .00 .00 .00	(c) Compensation (if not paid, enter -0-) 0 0 0 0 0 0 0 0 0 0 0 0 0	ne 1—see	nstructions). Intributions to be benefit plans and deferred.	(e) 0 0 0 0 0. If no	Expension in the control of the cont	se accou	0 0 0
WIII 612 BRR 147 KEI 961 BRR 121 2	LIS L 1 KN UCE (24 M N HOI 6 N F ENT] 28 N Com ente	and Contractors all officers, directors, trustees, found (a) Name and address HUNZIKER OLLAIRE DRIVE PEORIA IL 61614 GRAHAM ENDENHALL RD PRINCEVILLE IL 615 ERR IT 91 PEORIA IL 61615 UEBEL ALLEN RD DUNLAP IL 61525 pensation of five highest-paid employr "NONE."	DIR DIR	n managers and Title, and average hours per week evoted to position .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	(c) Compensation (if not paid, enter -0-) 0 0 0 0 0 0 0 0 0 0 0 0 0	ne 1—see	nstructions). Instructions to be benefit plans red compensation instructions contributions to nployee benefit	(e) 0 0 0 0 0. If no	Expension in the control of the cont	se accor	0 0 0
WII 612 BR 147 KEI 961 BR 121	LIS L 1 KN UCE (24 M N HOI 6 N F ENT] 28 N Com ente	and Contractors all officers, directors, trustees, found (a) Name and address HUNZIKER OLLAIRE DRIVE PEORIA IL 61614 GRAHAM ENDENHALL RD PRINCEVILLE IL 615 ERR IT 91 PEORIA IL 61615 UEBEL ALLEN RD DUNLAP IL 61525 pensation of five highest-paid employr "NONE."	DIR DIR	n managers and Title, and average hours per week evoted to position .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	(c) Compensation (if not paid, enter -0-) 0 0 0 0 0 0 0 0 0 0 0 0 0	ne 1—see	nstructions). Intributions to be benefit plans and deferred.	(e) 0 0 0 0 0. If no	Expension in the control of the cont	se accor	0 0 0
WIII 612 BRR 147 KEI 961 BRR 121 2	LIS L 1 KN UCE (24 M N HOI 6 N F ENT] 28 N Com ente	and Contractors all officers, directors, trustees, found (a) Name and address HUNZIKER OLLAIRE DRIVE PEORIA IL 61614 GRAHAM ENDENHALL RD PRINCEVILLE IL 615 ERR IT 91 PEORIA IL 61615 UEBEL ALLEN RD DUNLAP IL 61525 pensation of five highest-paid employr "NONE."	DIR DIR	n managers and Title, and average hours per week evoted to position .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	(c) Compensation (if not paid, enter -0-) 0 0 0 0 0 0 0 0 0 0 0 0 0	ne 1—see	nstructions). Intributions to be benefit plans and deferred.	(e) 0 0 0 0 0. If no	Expension in the control of the cont	se accor	0 0 0
WIII 612 BRR 147 KEI 961 BRR 121 2	LIS L 1 KN UCE (24 M N HOI 6 N F ENT] 28 N Com ente	and Contractors all officers, directors, trustees, found (a) Name and address HUNZIKER OLLAIRE DRIVE PEORIA IL 61614 GRAHAM ENDENHALL RD PRINCEVILLE IL 615 ERR IT 91 PEORIA IL 61615 UEBEL ALLEN RD DUNLAP IL 61525 pensation of five highest-paid employr "NONE."	DIR DIR	n managers and Title, and average hours per week evoted to position .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	(c) Compensation (if not paid, enter -0-) 0 0 0 0 0 0 0 0 0 0 0 0 0	ne 1—see	nstructions). Intributions to be benefit plans and deferred.	(e) 0 0 0 0 0. If no	Expension in the control of the cont	se accor	0 0 0
WIII 612 BRR 147 KEI 961 BRR 121 2	LIS L 1 KN UCE (24 M N HOI 6 N F ENT] 28 N Com ente	and Contractors all officers, directors, trustees, found (a) Name and address HUNZIKER OLLAIRE DRIVE PEORIA IL 61614 GRAHAM ENDENHALL RD PRINCEVILLE IL 615 ERR IT 91 PEORIA IL 61615 UEBEL ALLEN RD DUNLAP IL 61525 pensation of five highest-paid employr "NONE."	DIR DIR	n managers and Title, and average hours per week evoted to position .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	(c) Compensation (if not paid, enter -0-) 0 0 0 0 0 0 0 0 0 0 0 0 0	ne 1—see	nstructions). Intributions to be benefit plans and deferred.	(e) 0 0 0 0 0. If no	Expension in the control of the cont	se accor	0 0 0
WIII 612 BRR 147 KEI 961 BRR 121 2	LIS L 1 KN UCE (24 M N HOI 6 N F ENT] 28 N Com ente	and Contractors all officers, directors, trustees, found (a) Name and address HUNZIKER OLLAIRE DRIVE PEORIA IL 61614 GRAHAM ENDENHALL RD PRINCEVILLE IL 615 ERR IT 91 PEORIA IL 61615 UEBEL ALLEN RD DUNLAP IL 61525 pensation of five highest-paid employr "NONE."	DIR DIR	n managers and Title, and average hours per week evoted to position .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	(c) Compensation (if not paid, enter -0-) 0 0 0 0 0 0 0 0 0 0 0 0 0	ne 1—see	nstructions). Intributions to be benefit plans and deferred.	(e) 0 0 0 0 0. If no	Expension in the control of the cont	se accor	0 0 0
WIII 612 BRR 147 KEI 961 BRR 121 2	LIS L 1 KN UCE (24 M N HOI 6 N F ENT] 28 N Com ente	and Contractors all officers, directors, trustees, found (a) Name and address HUNZIKER OLLAIRE DRIVE PEORIA IL 61614 GRAHAM ENDENHALL RD PRINCEVILLE IL 615 ERR IT 91 PEORIA IL 61615 UEBEL ALLEN RD DUNLAP IL 61525 pensation of five highest-paid employr "NONE."	DIR DIR	n managers and Title, and average hours per week evoted to position .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	(c) Compensation (if not paid, enter -0-) 0 0 0 0 0 0 0 0 0 0 0 0 0	ne 1—see	nstructions). Intributions to be benefit plans and deferred.	(e) 0 0 0 0 0. If no	Expension in the control of the cont	se accor	0 0 0

Form 990-PF (2011) CHARLES & KIMBERLY HEMMER FOUNDATION		37-1379077 Page 7
Part VIII Information About Officers, Directors, Trustees	s, Foundation Managers, Highly Pa	aid Employees,
and Contractors (continued)		
3 Five highest-paid independent contractors for professional services (s	ee instructions). If none, enter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		0
		0
		0
		0
		0
Total number of others receiving over \$50,000 for professional services	<u>.</u> <u></u> . .	
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevan	nt statistical information such as	
the number of organizations and other beneficiaries served, conferences convened, research		Expenses
1 NORTHWOODS COMMUNITY CHURCH		
PEORIA, ILLINOIS 61615		
		1,000
2 CADRE MINISTRIES		
PEORIA, ILLINOIS		
		1,000
3 CAMP OF CHAMPIONS		
PEORIA, ILLINOIS		4 000
4 PEORIA CHRISTIAN SCHOOL		1,000
PEORIA, ILLINOIS		
1.201101, 12211010		375
Part IX-B Summary of Program-Related Investments (see	instructions)	0,0
Describe the two largest program-related investments made by the foundation during the tax y		Amount
1		
***************************************	••••	
2		
	••••••••••••	
All other program-related investments See instructions		
3		

Total. Add lines 1 through 3

0

0

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

Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreign	foundation	ons,
	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	294,254
b	Average of monthly cash balances	1b	113,698
С	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	407,952
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	1 . 1	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	407,952
4	Cash deemed held for charitable activities Enter 1 ½ % of line 3 (for greater amount, see		
	instructions)	4	6,119
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	401,833
6	Minimum investment return. Enter 5% of line 5	6	20,092
Pai	t XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating		
	foundations and certain foreign organizations check here 🕒 🔲 and do not complete this part)		
1	Minimum investment return from Part X, line 6	1	20,092
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)		
С	Add lines 2a and 2b	2c	158
3	Distributable amount before adjustments Subtract line 2c from line 1	3	19,934
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	19,934
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	19,934
Par	Qualifying Distributions (see instructions)		
	CAIL Countying Distributions (See Instructions)	,,	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	6,601
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	C
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	6,601
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income Enter 1% of Part I, line 27b (see instructions)	5	C
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	6,601
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the found	dation	

1 Distributable amountine 7 2 Undistributed income a Enter amount for 20 b Total for prior years Excess distributions a From 2006 b From 2007 c From 2008 d From 2009 e From 2010 f Total of lines 3a three Qualifying distribution XII, line 4. a Applied to 2010, but b Applied to undistribution (Election required—c Treated as distribution required—see instructed Applied to 2011 dist e Remaining amount of Excess distributions (If an amount appears ame amount must) 6 Enter the net total indicated below: a Corpus Add lines 3: b Prior years' undistributione 4b from line 2b c Enter the amount of income for which a series of the se	carryover, if any, to 2011 carryover, if any, to 2011 cough e cough	(a) Corpus	(b) Years pnor to 2010 0	(c) 2010 4,793	(d) 2011 19,934
line 7 2 Undistributed incom a Enter amount for 20 b Total for prior years 3 Excess distributions a From 2006 b From 2007 c From 2008 d From 2010 f Total of lines 3a three 4 Qualifying distribution XII, line 4. \$ a Applied to 2010, but b Applied to undistribution (Election required— c Treated as distribution (Election required— c Treated as distribution d Applied to 2011 distribution e Remaining amount of Excess distributions (If an amount appears ame amount must) 6 Enter the net total indicated below: a Corpus Add lines 3: b Prior years' undistribution and the form line 2b c Enter the amount of income for which a line of the previous control of the previous contro	e, if any, as of the end of 2011: 10 only 20 , 20 , 20 , 20 carryover, if any, to 2011 cough e ins for 2011 from Part 6,601 not more than line 2a ited income of prior years see instructions) ons out of corpus (Election ctions)	Corpus	Years prior to 2010	4,793	2011
line 7 2 Undistributed incom a Enter amount for 20 b Total for prior years 3 Excess distributions a From 2006 b From 2007 c From 2008 d From 2010 f Total of lines 3a three 4 Qualifying distribution XII, line 4. \$ a Applied to 2010, but b Applied to undistribution (Election required— c Treated as distribution (Election required— c Treated as distribution d Applied to 2011 distribution e Remaining amount of Excess distributions (If an amount appears ame amount must) 6 Enter the net total indicated below: a Corpus Add lines 3: b Prior years' undistribution and the form line 2b c Enter the amount of income for which a line of the previous control of the previous contro	e, if any, as of the end of 2011: 10 only 20 , 20 , 20 , 20 carryover, if any, to 2011 cough e ins for 2011 from Part 6,601 not more than line 2a ited income of prior years see instructions) ons out of corpus (Election ctions)		0	4,793	
a Enter amount for 20 b Total for prior years 3 Excess distributions a From 2006 b From 2007 c From 2008 d From 2009 e From 2010 f Total of lines 3a thre 4 Qualifying distribution XII, line 4. ▶ \$_ a Applied to 2010, but b Applied to undistribution (Election required— c Treated as distribution (Election required— c Treated as distributions (If an amount appears amount must be Remaining amount of indicated below: a Corpus Add lines 3: b Prior years' undistribution and the form line 2b c Enter the amount of income for which a indicated below: a corpus Add lines 3: b Prior years' undistribution of the form line 2b c Enter the amount of income for which a indicated below: a corpus Add lines 3: b Prior years' undistribution of the form line 2b c Enter the amount of income for which a indicated below: a corpus Add lines 3: b Prior years' undistribution of the form line 2b c Enter the amount of income for which a indicated below:	20, 20, 20 carryover, if any, to 2011 carryover, if any, to 2011 cough e cough				19,934
a Enter amount for 20 b Total for prior years Excess distributions a From 2006 b From 2007 c From 2008 d From 2009 e From 2010 f Total of lines 3a thre Qualifying distribution XIII, line 4. ▶ \$ a Applied to 2010, but b Applied to undistribution (Election required— c Treated as distribution required—see instruct d Applied to 2011 dist e Remaining amount of Excess distributions (If an amount appears ame amount must) for the net total indicated below: a Corpus Add lines 3: b Prior years' undistribution and the form line 2b c Enter the amount of income for which a income for whi	20, 20, 20 carryover, if any, to 2011 carryover, if any, to 2011 cough e cough				
b Total for prior years Excess distributions a From 2006 b From 2007 c From 2008 d From 2009 e From 2010 f Total of lines 3a three Applied to 2010, but b Applied to undistribution (Election required— c Treated as distribution required—see instruct d Applied to 2011 dist e Remaining amount of Excess distributions (If an amount appears ame amount must) fenter the net total indicated below: a Corpus Add lines 3: b Prior years' undistributione 4b from line 2b c Enter the amount of income for which a income	carryover, if any, to 2011 carryover, if any, to 2011 cough e cough				
a Excess distributions a From 2006 b From 2007 c From 2008 d From 2009 e From 2010 f Total of lines 3a three Applied to 2010, but b Applied to undistribution required—see instruct d Applied to 2011 dist e Remaining amount of Excess distributions (If an amount appears ame amount must) Enter the net total indicated below: a Corpus Add lines 3: b Prior years' undistributione 4b from line 2b c Enter the amount of income for which a income for which	carryover, if any, to 2011 (Cough e cough e c			4,793	
a From 2006 b From 2007 c From 2008 d From 2009 e From 2010 f Total of lines 3a three Applied to 2010, but b Applied to undistribution required—see instruction and applied to 2011 dist e Remaining amount of Excess distributions (If an amount appears ame amount must) Enter the net total indicated below: a Corpus Add lines 3: b Prior years' undistributione 4b from line 2b c Enter the amount of income for which a line been issued, or on witax has been previous.	ough e ins for 2011 from Part 6,601 not more than line 2a ited income of prior years see instructions) ons out of corpus (Election ctions)			4,793	
b From 2007 c From 2008 d From 2009 e From 2010 f Total of lines 3a three Applied to 2010, but b Applied to undistribution required—see instruction and applied to 2011 distension (If an amount appears ame amount must) Enter the net total indicated below: a Corpus Add lines 3: b Prior years' undistribution 4b from line 2b c Enter the amount of income for which a line been issued, or on wat ax has been previous.	ough e ins for 2011 from Part 6,601 not more than line 2a ited income of prior years see instructions) ons out of corpus (Election ctions)			4,793	
c From 2008 d From 2009 e From 2010 f Total of lines 3a three Qualifying distribution XII, line 4. a Applied to 2010, but b Applied to undistribution (Election required—see instruction of the property of	ough e ins for 2011 from Part 6,601 not more than line 2a ited income of prior years see instructions) ons out of corpus (Election ctions)			4,793	
d From 2009 e From 2010 f Total of lines 3a thro Qualifying distribution XII, line 4. a Applied to 2010, but b Applied to undistribution required— c Treated as distribution required—see instruction Applied to 2011 distribution required—see instruction Applied to 2011 distributions (If an amount appears ame amount must) f Enter the net total indicated below: a Corpus Add lines 3: b Prior years' undistribution 4b from line 2b c Enter the amount of income for which a line been issued, or on witax has been previous.	ough e ins for 2011 from Part 6,601 not more than line 2a ited income of prior years see instructions) ons out of corpus (Election ctions)			4,793	
e From 2010 f Total of lines 3a three Qualifying distribution XII, line 4. ▶ \$_ a Applied to 2010, but b Applied to undistribution (Election required— c Treated as distribution required—see instruct d Applied to 2011 dist e Remaining amount of Excess distributions (If an amount appears ame amount must) 6 Enter the net total indicated below: a Corpus Add lines 3: b Prior years' undistributione 4b from line 2b c Enter the amount of income for which a income for which a income for which a income for which as been previous.	ns for 2011 from Part 6,601 not more than line 2a ited income of prior years see instructions) ons out of corpus (Election ctions)			4,793	
f Total of lines 3a three Qualifying distribution XII, line 4. \$\infty\$ \$\frac{1}{2}\$ a Applied to 2010, but b Applied to undistribution (Election required— c Treated as distribution required—see instruct d Applied to 2011 dist e Remaining amount of Excess distributions (If an amount appears ame amount must) 6 Enter the net total indicated below: a Corpus Add lines 3: b Prior years' undistribution 4b from line 2b c Enter the amount of income for which a income for which a income for which a income for which as been previous.	ns for 2011 from Part 6,601 not more than line 2a ited income of prior years see instructions) ons out of corpus (Election ctions)			4,793	
4 Qualifying distribution XII, line 4. ▶ \$_a a Applied to 2010, but b Applied to undistribution (Election required— c Treated as distribution required—see instruct d Applied to 2011 dist e Remaining amount of Excess distributions (If an amount appears ame amount must) 6 Enter the net total indicated below: a Corpus Add lines 3: b Prior years' undistribution and the form line 2b c Enter the amount of income for which a income for which a income for which a income for which as been previous.	ns for 2011 from Part 6,601 not more than line 2a ited income of prior years see instructions) ons out of corpus (Election ctions)			4,793	
a Applied to 2010, but b Applied to undistribut (Election required— c Treated as distributive required—see instruction d Applied to 2011 dist e Remaining amount of Excess distributions (If an amount appear same amount must) fenter the net total indicated below: a Corpus Add lines 3: b Prior years' undistribution 4b from line 2b c Enter the amount of income for which a rebeen issued, or on we tax has been previous.	6,601 not more than line 2a ited income of prior years see instructions) ons out of corpus (Election ctions)		0	4,793	
a Applied to 2010, but b Applied to undistribut (Election required— c Treated as distributi required—see instru d Applied to 2011 dist e Remaining amount of Excess distributions (If an amount appear same amount must Enter the net total indicated below: a Corpus Add lines 3: b Prior years' undistrib line 4b from line 2b c Enter the amount of income for which a in been issued, or on witax has been previous	not more than line 2a lited income of prior years see instructions) ons out of corpus (Election ctions)		0	4,793	
b Applied to undistribut (Election required— c Treated as distribution required—see instructed Applied to 2011 disting the Remaining amount of Excess distributions (If an amount appears ame amount must) 6 Enter the net total indicated below: a Corpus Add lines 3: b Prior years' undistribution 4b from line 2b c Enter the amount of income for which a income for which a income for which as been issued, or on witax has been previous.	ited income of prior years see instructions) ons out of corpus (Election ctions)		0	4,793	
(Election required— c Treated as distribution required—see instructed Applied to 2011 disting amount of Excess distributions (If an amount appears ame amount must) 6 Enter the net total indicated below: a Corpus Add lines 3: b Prior years' undistribution and the from line 2b c Enter the amount of income for which a income for which a income for which as been issued, or on with the amount of the complete income for which as the complete income for which are the complete	see instructions) ons out of corpus (Election ctions)		0		
c Treated as distribution required—see instructed Applied to 2011 distributions. f Remaining amount of Excess distributions (If an amount appears same amount must) f Enter the net total indicated below: a Corpus Add lines 3: b Prior years' undistribution and the from line 2b c Enter the amount of income for which a income for which a income for which as been previous.	ons out of corpus (Election ctions) .		<u> </u>		
required—see instru d Applied to 2011 dist e Remaining amount of Excess distributions (If an amount appear same amount must) 6 Enter the net total indicated below: a Corpus Add lines 3: b Prior years' undistributione 4b from line 2b c Enter the amount of income for which a income for which a income for which a income for which as been issued, or on with the income for previous income for which as the previous income for which are the previous income for whi	ctions) .			i	
d Applied to 2011 dist e Remaining amount of Excess distributions (If an amount appearame amount must) 6 Enter the net total indicated below: a Corpus Add lines 3: b Prior years' undistribution 4b from line 2b c Enter the amount of income for which a rebeen issued, or on we tax has been previous.			,		
Remaining amount of Excess distributions (If an amount appears same amount must) Enter the net total indicated below: Corpus Add lines 3: Prior years' undistribution 4b from line 2b Enter the amount of income for which a rebeen issued, or on we tax has been previous.	ibutable amount)		1,808
5 Excess distributions (If an amount appears same amount must) 6 Enter the net total indicated below: a Corpus Add lines 3: b Prior years' undistribution 4b from line 2b c Enter the amount of income for which a rebeen issued, or on we tax has been previous.	distributed out of serous				1,000
(If an amount appears same amount must) 6 Enter the net total indicated below: a Corpus Add lines 3: b Prior years' undistribution 4b from line 2b c Enter the amount of income for which a rebeen issued, or on we tax has been previous.	•				0
same amount must Enter the net total indicated below: a Corpus Add lines 3: b Prior years' undistributine 4b from line 2b c Enter the amount of income for which a income for which a income ssued, or on we tax has been previous.			<u>'</u>		
6 Enter the net total indicated below: a Corpus Add lines 3: b Prior years' undistribution 4b from line 2b c Enter the amount of income for which a income for which a income to tax has been previous.	be shown in column (a))	İ			
indicated below: a Corpus Add lines 3: b Prior years' undistrik line 4b from line 2b c Enter the amount of income for which a i been issued, or on v tax has been previous	, , ,				
b Prior years' undistribution 4b from line 2b c Enter the amount of income for which a income for which a income to tax has been previous		1			
b Prior years' undistribution 4b from line 2b c Enter the amount of income for which a income for which a income to tax has been previous	, 4c, and 4e. Subtract line 5				
Inne 4b from line 2b c Enter the amount of income for which a income for which a income for which as been previous tax has been previous.	outed income. Subtract				
income for which a i been issued, or on v tax has been previou			0		
been issued, or on v tax has been previou	prior years' undistributed				
tax has been previous	notice of deficiency has			į	
·	which the section 4942(a)]	
d Subtract line 6c from	usly assessed .				
	line 6b Taxable			1	
amount—see instru	ctions		0		
 Undistributed incom 	e for 2010 Subtract line			1	
4a from line 2a Tax	able amount—see				
	• • •			0	
f Undistributed incom					
	line 1 This amount must				
be distributed in 201					18,126
7 Amounts treated as					
•	uirements imposed by				
, ,, ,, ,	or 4942(g)(3) (see instructions)				
	carryover from 2006				
• •	or line 7 (see instructions)		<u>ال</u>		
	ns carryover to 2012.				
Subtract lines 7 and	8 from line 6a		<u> </u>		
10 Analysis of line 9	l ,	,			
a Excess from 2007		┥			
b Excess from 2008		4			
c Excess from 2009		7			
d Excess from 2010	 	(

	n 990-PF (2011) CHARLES & KIMBERLY HE				37-1379	9077 Page 10
Pa	T XIV Private Operating Foundations (s	see instructions	and Part VII-A, o	uestion 9)		
1 a	If the foundation has received a ruling or determination foundation, and the ruling is effective for 2011, ent			•		
b	Check box to indicate whether the foundation is a	private operating for	undation described i	n section	4942(j)(3) or	4942(J)(5)
2 a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		
	income from Part I or the minimum investment return from Part X for each	(a) 2011	(b) 2010	(c) 2009	(d) 2008	(e) Total
	year listed	0	0			
þ	85% of line 2a .	0	0	0	0	0
С	Qualifying distributions from Part XII, line 4 for each year listed .	0	0			0
d	Amounts included in line 2c not used directly for active conduct of exempt activities					0
е	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c	0	0	0	0	0
3 a	Complete 3a, b, or c for the alternative test relied upon "Assets" alternative test—enter					
	(1) Value of all assets .					0
	(2) Value of assets qualifying 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	0	0			0
С	make the second of the second	-				
	(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 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					0
	(4) Gross investment income					0
Pa	rt XV Supplementary Information (Cor			ndation had \$5,	000 or more in	
	assets at any time during the ye		tions.)		<u>-</u>	
1 a	Information Regarding Foundation Manag List any managers of the foundation who have con before the close of any tax year (but only if they ha	tributed more than 2			the foundation	
b	List any managers of the foundation who own 10% ownership of a partnership or other entity) of which		, ,		ortion of the	
2	Information Regarding Contribution, Gran Check here ► X if the foundation only makes unsolicited requests for funds. If the foundation may other conditions, complete items 2a, b, c, and d	contributions to pre	selected charitable	organizations and do		
а	The name, address, and telephone number of the	person to whom app	olications should be	addressed:		
b	The form in which applications should be submitte	d and information ar	nd materials they sh	ould include		
С	Any submission deadlines.					
d	Any restrictions or limitations on awards, such as b factors.	by geographical area	as, charitable fields,	kinds of institutions,	or other	

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During th		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				
ADVOCATES FOR ACCESS		l	CHARITABLE	50
4450 N PROSPECT		ì		
PEORIA HEIGHTS IL 61616				
AMERICAN CANCER SOCIETY		İ	CHARITABLE	70
4234 N KNOXVILLE				
PEORIA IL 61614				
APOSTOLIC CHRISTIAN CHURCH			CHARITABLE	300
1560 COUNTRY RD		İ		
ROANOKE IL 61561			OLIA DITA DI E	
ASSEMBLIES OF GOD	-		CHARITABLE	100
4020 N BRANDYWINE DR	1			
PEORIA IL 61614			CHARITABLE	1 000
CADRE MINISTRIES PO BOX 278	1		CHANITABLE	1,000
SYCAMORE IL 60178				
CAMP OF CHAMPIONS			CHARITABLE	1,000
4100 N BRANDYWINE DRIVE			OHAHHABEE	1,000
PEORIA IL 61614				
CENTRAL IL RIDING THERAPY			CHARITABLE	50
305 NEWMANN DR				
EAST PEORIA IL 61611				
CHRISTIAN CENTER			CHARITABLE	100
4100 N BRANDYWINE DRIVE				
PEORIA IL 61614				
EASTER SEALS			CHARITABLE	50
507 E ARMSTRONG				
PEORIA IL 61603				
HANDS FOR HIM			CHARITABLE	100
1560 COUNTRY RD				
ROANOKE IL 61561			CHADITADLE	
HELLENIC MINISTRIES 1275 W ROOSEVELT RD			CHARITABLE	30
WEST CHICAGO IL 60815				
Total See Attached Statement	<u> </u>	<u> </u>	▶ 3 a	5,308
b Approved for future payment	<u> </u>	' 		0,000
2 / pprovod to rate o payment				
		1		
	İ			
				•
	İ			
	1			
Total	_l	<u> </u>	▶ 3b	0

Part AVI-A Analysis of Income-Producing Activ	ities				
Enter gross amounts unless otherwise indicated.	Unrelated bus	iness income	Excluded by section	on 512, 513, or 514	(e)
4.0	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exemp function income (See instructions
1 Program service revenue				66,000	
a CONTRIBUTIONS		0		66,996	
b		0		0	
C		0		0	
d				0	
e		0		0	
		0		0	
g Fees and contracts from government agencies					
2 Membership dues and assessments			- 44	00	
3 Interest on savings and temporary cash investments			14	20	
4 Dividends and interest from securities			14	6,443	
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property			ļ - · · ·		
6 Net rental income or (loss) from personal property		·- - · ·- ·			
7 Other investment income				<u>-</u>	
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events					
O Gross profit or (loss) from sales of inventory					
1 Other revenue a		. 0		0	
b		0		0	<u> </u>
<u> </u>		0		0	
d		0	 	0	
e		0.		72.450	}
2 Subtotal Add columns (b), (d), and (e)		0,	1	73,459	
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations)				13	73,459
Part XVI-B Relationship of Activities to the Acc	omnlich mont	of Evennt D			
Line No. Explain below how each activity for which income				nportantly to	
the accomplishment of the foundation's exempt polynomial	urposes (other tha	n by providing fui	nds for such purp	oses) (See instru	ctions)
	·				
					_
			_		
			- ·		
	<u> </u>				
	<u>.</u>	· · · · · · · · · · · · · · · · · · ·			
				<u>.</u>	
				_	
					
					
					
- +		<u>-</u>			
	· •	· · · · · · · · · · · · · · · · · · ·			

Form 990	PF (2011) CHARLES & KIMBERL	Y HEMMER FOUNDATION	37-1379077	Page 13
Part X	VII Information Regarding Tra	ansfers To and Transactions and Relat	ionships With Noncharitable	
	Exempt Organizations			
1 Did	the organization directly or indirectly	engage in any of the following with any other	r organization described	Yes No
		n section 501(c)(3) organizations) or in section	n 527, relating to political	
org	anızatıons?			
a Tra	nsfers from the reporting foundation	to a noncharitable exempt organization of:		
			1 <u>a(1)</u>	L x
				X
	er transactions:			
		exempt organization		X
		ritable exempt organization		X
		her assets		X
				1 —
				X
		rship or fundraising solicitations		-
		lists, other assets, or paid employees		X
		s," complete the following schedule. Column (cet .
valı	ue of the goods, other assets, or sen	vices given by the reporting foundation. If the agement, show in column (d) the value of the	foundation received less than fair m	arket
(a) Line	no (b) Amount involved (c) Nan	ne of noncharitable exempt organization (d) Descrip	ption of transfers, transactions, and sharing ar	rangements
	0	, ,		
	0			
	0			
	0			
	0			
	0			
	0			•
	0			
	0			
	0			
	0			
	0			
	` 0			
	0		·	
	0			
	ol			
2a isti	ne foundation directly or indirectly aff	filiated with, or related to, one or more tax-exe	mpt organizations	7 N
		(other than section 501(c)(3)) or in section 52	?7?	j No
D II	es," complete the following schedul		(2) 0	
	(a) Name of organization	(b) Type of organization	(c) Description of relationship	
		-		
		+		
		 		
		 		
	Under penalting of penun. I dealers that I have a second	lood thus return, uncluding accompanyon askedulas and atatass	o the best of my knowledge and belief it in this	
		ied this return, including accompanying schedules and statements, and to the nan taxpayer) is based on all information of which preparer has any know		
Sign	1 , , , 211		May the IRS discuss t	nis return
Here	10 10 Con Tille	Lu 5-14-12 Talana	with the preparer show	
	Signature of officer or trustee	Date Title	instructions)? Y	es No
	a digricultation of officer of flustee //	- Daio illo		

Date

ARDENNA

Paid

Preparer Use Only

Firm's name

Firm's address

PO pISSYS

Check if self-employed

Firm's EIN

Phone no

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 **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 X 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 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 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).

Name of organization Employer identification number CHARLES & KIMBERLY HEMMER FOUNDATION 37-1379077

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
1	CHARLES & KIMBERLY HEMMER 1119 WEST BROOKFOREST PEORIA IL 61615 Foreign State or Province: Foreign Country	\$66,996	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				
2	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) Total 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) Total contributions	(d) Type of contribution				
4	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) Total contributions	(d) Type of contribution				
5	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) Total 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). Use duplicate co	pies of Part II if additional spa	ce is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	900 SHARES OF INTEROIL	\$ 66,996	3/23/2011
(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
		\$ <u>o</u>	
(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
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$0	

Name of org					Employer identification number					
Part III	& KIMBERLY HEMMER FOUNDATION Exclusively religious, charitable, etc.,									
	total more than \$1,000 for the year. Con For organizations completing Part III, enter contributions of \$1,000 or less for the year.	er the total of ϵ ar. (Enter this i	exclusively religious, cha information once. See in	ırıtable	e, etc.,					
(a) Na	Use duplicate copies of Part III if addition	al space is nee	eded							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
			ransfer of gift							
	Transferse's name address and		-	in of	tuanofo vo v to tuanofo vo o					
	Transferee's name, address, and	ZIF + 4			transferor to transferee					
	For. Prov Country									
(a) No.	For. Prov Country									
from Part I	(b) Purpose of gift	(c)) Use of gift	(d) Description of how gift is held					
	(e) Transfer of gift									
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee							
	For Prov Country									
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) T	ransfer of gift							
	Transferee's name, address, and	ZIP + 4	Relationsh	ip of	transferor to transferee					
(a) Na	For Prov Country									
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) T	ransfer of gift							
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee							
	For Prov Country									

Line 16a (990-PF) - Legal Fees

		10	10	0	10
		Bevenue and			Disbursements for Charitable
	Name of Organization or	Expenses per	Net Investment	Adjusted Net	Purposes
	Person Providing Service	Books	Income	Income	(Cash Basis Only)
_	HUNZIKER LAW GROUP	10	10		10
ام					
ြ					
4					
2					
9					
_					
8					
6					
0					

Line 16c (990-PF) - Other Fees

437			437									
,	Disbursements for Charitable	Purposes (Cash Basis Only)										
0		Adjusted Net Income										
437		Net Investment Income	437									i
437	Revenue and	Expenses per Books	437									
		Name of Organization or Person Providing Service	WELLS FARGO ADVISOR FEES									
			-	2	3	4	2	9	7	8	6	10

Line 18 (990-PF) - Taxes

Revenue Revenue Net Investment and Expenses Net Investment stable and Expenses Net Investment and Expenses Net Investment and Expenses Net Investment and Expenses Net Income Purposes 2 Tax on investment income tax 831 Read estate tax not included in line 20 Read estate tax not included in line 20 <th></th> <th></th> <th>831</th> <th>831</th> <th>0</th> <th>831</th>			831	831	0	831
Description and Expenses Net Investment Adjusted for Charitable Purposes Real estate tax not included in line 20 Tax on investment income tax Income			Revenue			Disbursements
Real estate tax not included in line 20 Tax on investment income income tax Income tax		Description	and Expenses per Books	Net Investment Income	Adjusted Net Income	for Charitable Purposes
Tax on investment income 831 831 Income tax	-	Real estate tax not included in line 20				
	7	Tax on investment income	831	831		831
5 6 7 7 8 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	က	Income tax				
5 6 7 7 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	4			:		
6 7 8 9 10	2					
7 8 9 9 10	ြဖ					
9 10	7					
9 10	8					
10	6					
	10					

Line 23 (990-PF) - Other Expenses

		15	15	0	15
		Revenue and			Dispursements
		Expenses	Net Investment	Adjusted Net	tor Charitable
	Description	per Books	Income	Income	Purposes
ILLINOIS CHARITY	HARITY FUND	15	15		15

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

-					305,820
		Num. Shares/ Book Value	Book V	_	Book Value
	Description	Face Value	Beg. of Ye		End of Year
IMU	TUAL FUNDS		168,097	_	_
ST	CKS			0	
P	TIONS			-	-1,785
9					

Part IV (990-PF) - Capital Gains and Losses for Tax on Investment Income

Long Term CG Distributions	CG Distributions CG Distributions CG Distributions CG Distributions CG Distributions CG Distributions CG Distributions How Acquired P P P P P P P P P P P P P P P P P P P	CG Distributions	CG Distributions Amount CG Distributions Date CG Distributions How Date To Sold CUSIP # Acquired Acquired P 12/29/2010 P 12/29/2010 P 12/29/2010 P 2/22/2010 P 9/1/2009 P 9/1/2009 P 12/11/2006 P 12/11/2006 P 12/11/2006 P 2/25/2011 P 9/9/2011 P 9/9/2011	CG Distributions Totals Totals Totals Gros Gross CG Distributions Ty Sold CUSIP # Acquired Acquired Acquired Acquired Sold Processing Constructions Acquired Acquired Sold Processing Constructions Acquired Acquired Sold Processing Constructions Acquired Acquired Sold Processing Constructions Acquired Acquired Sold Processing Constructions Acquired Acquired Sold Processing Constructions Acquired Acquired Sold Processing Constructions Acquired Acquired Sold Ministrations Acquired Acquired Sold Ministrations Acquired Acquired Sold Ministrations Acquired Acquired Sold Ministrations Acquired Sold Ministrations Acquired Sold Ministrations Acquired Sold Ministrations Acquired Sold Ministrations Acquired Sold Ministrations P 10/18/2007 11/1/2001 P 4/29/2011 12/14/2011 P 4/29/2011 12/14/2011 P 9/9/2011 12/14/2011 P 9/9/2011 12/14/2011 P 9/9/2011 12/14/2011 Accountry 12/14/2011 Accountry 12/14/2011 Accountry 12/14/2011 Accountry 12/14/2011 Accountry 12/14/2011 Accountry 12/14/2011 Accountry 12/14/2011 Accountry 12/14/2011 Accountry 12/14/2011 Accountry 12/14/2011 Accountry 12/14/2011 Accountry 12/14/2011 Accountry 12/14	CG Distributions Totals 151,363 CG Distributions Date Date Gross Deprecation Ty Sold CUSIP # Acquired Acquired Sold Price Allowed P 12/29/2010 1/11/2011 168 Allowed P 12/29/2010 1/11/2011 16,512 P 2/22/2006 1/11/2011 16,512 P 9/1/2009 1/11/2011 26,045 P 9/1/2009 1/11/2011 26,045 P 12/1/2009 1/11/2011 17,8854 P 12/1/2009 1/11/2011 17,893 P 12/1/2009 1/11/2011 17,893 P 12/1/2011 12/14/2011 17,893 P 12/1/2011 12/14/2011 15,375 P 9/1/2009 1/11/2011 15,375 P 10/1/2011 12/14/2011 15,375 P 9/1/2001 12/14/2011 12/14/2011 P	CG Distributions Totals Totals 151,363 0 Totals 151,363 O Totals Totals <th colsp<="" th=""><th>CG Distributions Amount Amount Totals 151,363 0 148,627 2,736 CG Distributions CG Distributions 0 Totals Gross Cost or Other F M V Ty Sold CUSIP # Acquired Acquired Sold Price A177 Loss or Other A3 or O</th><th>CG Distributions Amount CG Distributions Totals 151,363 0 148,627 2,736 CG Distributions 0 Totals Gross Depreciation 148,627 2,736 CG Distributions How Date Sales Depreciation Basis Plus Gann or Allowed Ty Sold CUSIP # Acquired Solid 1/1/2011 168 0 160 0 0 160 0 0 160 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0<</th></th>	<th>CG Distributions Amount Amount Totals 151,363 0 148,627 2,736 CG Distributions CG Distributions 0 Totals Gross Cost or Other F M V Ty Sold CUSIP # Acquired Acquired Sold Price A177 Loss or Other A3 or O</th> <th>CG Distributions Amount CG Distributions Totals 151,363 0 148,627 2,736 CG Distributions 0 Totals Gross Depreciation 148,627 2,736 CG Distributions How Date Sales Depreciation Basis Plus Gann or Allowed Ty Sold CUSIP # Acquired Solid 1/1/2011 168 0 160 0 0 160 0 0 160 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0<</th>	CG Distributions Amount Amount Totals 151,363 0 148,627 2,736 CG Distributions CG Distributions 0 Totals Gross Cost or Other F M V Ty Sold CUSIP # Acquired Acquired Sold Price A177 Loss or Other A3 or O	CG Distributions Amount CG Distributions Totals 151,363 0 148,627 2,736 CG Distributions 0 Totals Gross Depreciation 148,627 2,736 CG Distributions How Date Sales Depreciation Basis Plus Gann or Allowed Ty Sold CUSIP # Acquired Solid 1/1/2011 168 0 160 0 0 160 0 0 160 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0<
CUSIP #	Amount 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Amount Date How Date	Amount 0	Amount 0 Totals 151,363 CUSIP # Date Date Date Sales Allowed Acquired Acquired Price Sold Price Allowed Price Date Sold Price Allowed Price Date Sold Price Allowed Price Date Sold Price Date Sold Price Date Date Date Sold Price Date Date Date Sold Price Date Date Date Date Date Date Date Dat	Amount 0 Totals 151,363 0 1 CUSIP # How Date Acquired	Amount Amount O Totals 151,363 0 148,627 CUSIP # How Date Acquired Acquired Acquired Acquired Acquired Acquired Intricol 1 Cusic Sold Pince Allowed Expense of Sale Allowed Expense of Sale Intricol 1 Cusic Sold Pince Allowed Expense of Sale Intricol 1 Intricol 1 168 0 1477 P 12229/2010 1/11/2011 168 0 168 0 11402 P 12229/2010 1/11/2011 168 0 11402 P 2/22006 1/11/2011 16512 0 112/62 0 11,402 P 9/1/2009 1/11/2011 224 0 6,396 P 9/1/2009 1/11/2011 224 0 6,396 P 9/1/2009 1/11/2011 226/045 0 0 0 0 P 10/18/2007 1/11/2011 17/393 0 0 0 0 0 P 10/18/2001 12/14/2011 15/375 0 0 0 0 0 P 10/18/2001 12/14/2011 12/14/2011 30/749 0 0 0 0 0 P 9/9/2011 12/14/2011 12/14/2011 12/14/2011 0 0 0 0 0 P 9/9/2011 12/14/2011 12/14	Amount 0 Totals 151,363 0 148,627 2,736 CUSIP # How Date Gross Deprecation Basis Plus Cost or Other F M V CUSIP # Acquired Sold Price Acquired Sold F M V P 1229/2010 1/1/2011 168 0 160 8 P 1229/2010 1/1/2011 168 0 160 8 P 1229/2010 1/1/2011 16,512 0 160 8 P 12/29/2010 1/1/2011 16,512 0 11,402 48 P 9/1/2009 1/1/2011 16,512 0 1/1,402 48 P 9/1/2009 1/1/2011 16,512 0 1/1,402 48 P 9/1/2009 1/1/2011 224 0 1/1,402 48 P 12/1/2009 1/1/2011 26,41 0 4,438 P 12/1/2	Amount Amount Totals 151,363 0 148,627 2,736 0 CUSIP # How Date Acquired Acquired Sold CUSIP # Date Date Sales Sales Depreciation Price Allowed Expense of Sale Loss Date Date Acquired Sold Price Allowed Loss PM	
O O O O O O O O O O O O O O O O O O O	How	How Date Acquired 12/9/2010 12/23/2010 12/23/2010 12/23/2010 2/2/2006 2/1/2009 9/1/2009 9/1/2009 12/26/2011 10/18/2007 2/25/2011 9/9/2011 9/9/2011	Totals Gros	Totals	Totals 151,363 0 1	How Date Date Sales Depreciation Acquired Acquired Acquired Acquired Solid Price Allowed Date Solid Price Allowed Date Solid Price Allowed Date Solid Price Allowed Date Solid Price Allowed Date Solid Price Allowed Date Solid Price Allowed Date Date Solid Date Date Solid Price Allowed Date Date Date Date Date Date Date Date	How Date Acquired Acquire	How Date (CQUIRED) Date (CQUIRED) Cost or Other (CQUIRED) Expense of Sales Deprectation (CQUIRED) Cost or Other (CQUIRED) FM V (CQUIRED) Adjusted Basis (CQUIRED) FM V (CQUIRED) Adjusted Basis (CQUIRED) FM V (CQUIRED) Adjusted Basis (CQUIRED) FM V (CQUIRED) Adjusted Basis (CQUIRED) FM V (CQUIRED) Adjusted Basis (CQUIRED) A	
		Date Acquired 12/29/2010 12/23/2010 12/29/2010 2/2/2006 9/1/2009 9/1/2009 12/11/2006 12/26/2011 4/29/2011	Date Date Sale Acquired Solid Pro- 12/29/2010 1/11/2011 12/29/2010 1/11/2011 12/29/2010 1/11/2011 12/29/2010 1/11/2011 12/29/2009 1/11/2011 12/11/2006 1/11/2011 12/11/2006 1/11/2011 12/11/2006 1/11/2011 12/11/2011 12/14/2011 12/25/2011 12/14/2011 9/9/2011 12/14/2011 9/9/2011 12/14/2011	Date Acquired Sold 1229/2010 Date Sold Pince Allowed 1229/2010 Cross Acquired Sold Pince Allowed 1229/2010 Deprectation Acquired Sold Pince Allowed 1229/2010 Allowed Allowed I/1/2011 Allowed Allowed I/1/2011 Allowed I/1/2	Date Date Sales Cost or Sales Cost or Basis I Sales Depreciation Expense I Sales Cost or Basis I Sales Depreciation Expense I Sales Cost or I Sales Depreciation I Sales Deprecia	Date Date Gross Depreciation Expense of Sale Gast or Other Acquired Sold Price Allowed Expense of Sale Lost or Other 12/29/2010 1/1/1/2011 168 0 140 12/29/2010 1/1/1/2011 168 0 168 12/29/2010 1/1/1/2011 16,512 0 11,402 9/1/2009 1/1/1/2011 16,512 0 11,402 9/1/2009 1/1/1/2011 16,512 0 17,620 9/1/2009 1/1/1/2011 8,541 0 6,396 9/1/2009 1/1/1/2011 8,541 0 6,396 12/1/2006 1/1/1/2011 8,541 0 8,41 10/1/2011 1,1/2011 1,1/2011 8,541 0 6,396 12/1/2011 1,1/1/2011 1,1/1/2011 1,1/1/2011 1,1/1/2011 1,1/1/2011 10/1/2011 1,1/1/2011 1,1/1/2011 1,1/1/2011 1,1/1/2011 10/1/2011 1,1/1/2011	Date Date Acquired Acquired 12/23/2010 1/11/2011 12/25/2010 1/25/2010 1/2/2011 12/14/2011 12/25/2010 1/2/2010	Date Date Sold Gross Sold Date Sold Depreciation of Cost of Other Adjusted Basis Cost of Other as of Cost of Other as of Sold FMV Adjusted Basis of Adjusted Basis of Sold FMV Adjusted Basis of Sold FMV Adjusted Basis of Sold FMV Adjusted Basis of Sold Interest of Sold	
Totals 151,363 0 148,627 2,736 0 Date Sales Sales Depreciation Allowed Cost or Other Expense of Sale Loss FM V Adjusted Basis 1/1/2011 168 Allowed Expense of Sale Loss 12/31/69 12/31/69 1/1/2011 168 0 160 357 26 1/1/2011 16,512 0 11,402 -647 1/1/2011 16,512 0 11,402 -647 1/1/2011 16,512 0 12,620 3,892 1/1/2011 16,512 0 12,620 3,892 1/1/2011 16,512 0 12,620 3,892 1/1/1/2011 22,44 -587 6,396 2,145 1/1/2011 16,512 0 12,239 -4,055 1/1/2011 15,375 0 12,239 -4,396 1/1/2011 15,375 0 22,291 -4,396 1/2/14/2011 16,000 0 0 0	363 0 148,627 2,736 0 0 0 Cost or Other Basis Plus Basis Plus Allowed Basis Plus Allowed Basis Plus Bas	Cost or Other FMV Adjusted Basis Basis Plus Gain or as of cost or Other Adjusted Basis Basis Plus Gain or as of cost or Other Adjusted Basis Cost or Other Adjusted Basis As of cost or Other Basis Plus Gain or as of cost or Other As of cost or Other Cost or Other As of cost or Other As of cost or Other Cost or Other Bas of cost or Other As of cost or Other Cost or Other As of cost or Other As of cost or Other Cost or Other As of cost or Other As of cost or Other Cost or Other Cost or Other As of cost or Other Cost or Other Cost or Other Cost or Other Cost or Other Cost or Other Cost or Other	Garn or as of as of Loss 12/31/69 as of as of Loss 12/31/69 12/31/69 as of 2.145 4.055 4.438 as of 2.145 as of 2.1	Gaun or as of as of as of Loss 12/31/69 12/31/69 as of	Adjusted Basis as of 12/31/69	Adjusted Basis as of 12/31/69			

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

_	_		_	_	_	_	_		_	_
Compensation										
Average Hours										
Tifle	DIR	DIR	DIR	DIR						
Foreign										
Zip Code	61614	61559	61615	61525						
State	1			1						
Ş	PEORIA	PRINCEVILLE	PEORIA	DUNLAP						
Street	6121 KNOLLAIRE DRIVE	14724 MENDENHALL RD	9616 N RT 91	12128 N ALLEN RD						
Check "X"										
New	WILLIS L. HUNZIKER	BRUCE GRAHAM	KEN HOERR	BRENT TUEBEL						
	-	7	က	4	2	9	7	8	6	9

7	=	
Ì	_	-
9	2	<u> </u>
į	-)
	1	=
	2	
į	Į	_
2	>	_
	İ	֡֝֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֡֜֜֜֜֜֜֡֜֜֜֜֡֡֡֜֜֜֡
	2	=
	×	<u>ح</u>
Ĺ	1	į
į		֡
7	Ī	5

Part Benefits 2 3 4 6 6 7 8

Part XIII, Line 2a, Column C (990-PF) - Prior Year Undistributed Income	
1 Distributable amounts for 2010 that remained undistributed at the beginning of the 2011 tax year .	1 4,793
2	2
3	3
4	4
5	5
6	6
7	- ₇
8	
9	9
10 Total	. 10 4,793