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Department of the Treasury Internal Revenue Service

Return of Private Foundation

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

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

OMB No 1545-0052

2011

For calendar year 2011 or tax year beginning	, and	i enaing		
Name of foundation		A E	mployer identification nui	mber
ROBERT W. HEMELGARN MEMORIAL FOUNDATION		I Doom/outs D. T.	93-12168	
Number and street (or P O box number if mail is not delivered to street add	uress)	Room/suite B Te	elephone number (see instr	ucuons)
4725 SOUTH HOLLADAY BLVD, #210 City or town, state, and ZIP code		1		· · · · · · · · · · · · · · · · · · ·
	LIT O		exemption application is per	nding, check here
		\$117	F	ati basa 🔊 🗖
	al return of a former pul	blic chanty D 1.	Foreign organizations, che	ck nere
	ended return	2.	Foreign organizations mee	
	ne change		check here and attach com	iputation
H Check type of organization: X Section 501(c)(3) exe		- "	onvate foundation status wa	
Section 4947(a)(1) nonexempt charitable trust	<u> </u>		der section 507(b)(1)(A), cl	
I Fair market value of all assets at end of year (from Part II, col. (c),		□ · · · · · · · · · · · · · · · · · · ·	he foundation is in a 60-mo der section 507(b)(1)(B), cl	_
line 16) ► \$ 12,474 (Part I, column (c			der section 307 (b)(1)(b), d	leck liefe
Part I Analysis of Revenue and Expenses (The total of		/	· · ·	(d) Disbursements
amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue and expenses per	(b) Net investment	(c) Adjusted net	for chantable
the amounts in column (a) (see instructions))	books	income	income	purposes (cash basis only)
Contributions, gifts, grants, etc., received (attach schedule)	10,625			,
2 Check ▶☐ if the foundation is not required to attach Sch B				
3 Interest on savings and temporary cash investments	0	0		
4 Dividends and interest from securities .	0	0		
5 a Gross rents .		0		
b Net rental income or (loss)0		. <u> </u>		
5 a Gross rents b Net rental income or (loss) 6 a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 7 Capital gain net income (from Part IV. line 2)	0			
b Gross sales price for all assets on line 6a 0				
7 Capital gain net income (from Part IV, line 2)		0	0	
8 Net short-term capital gain			U	
10 a Gross sales less returns and allowances b Less: Cost of goods sold c Gross profit or (loss) (attach schedule) 11 Other income (attach schedule) 12 Total. Add lines 1 through 11		·		
c Gross profit or (loss) (attach schedule)	0			
11 Other income (attach schedule)	0	0	0	
12 Total. Add lines 1 through 11	10,625	0	0	
g 13 Compensation of officers, directors, trustees, etc	0			
13 Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages. 15 Pension plans, employee benefits. 16 a Legal fees (attach schedule).				
7 Pension plans, employee benefits .				
16 a Legal fees (attach schedule) RECEIVE	D 0	0	<u>~</u>	0
D Accounting tees (attach schedule)		572	0	143
c Other professional fees (attach schedule) .	12 0	0	0	0
17 Interest . O IVIAY 2 1 20	2 0	0	0	0
19 Depreciation (attach schedule) and depletion.	0	0	0	<u> </u>
19 Depreciation (attach schedule) and depletion 20 Occupancy				
21 Travel, conferences, and meetings				
22 Printing and publications				
23 Other expenses (attach schedule)	904	724	0	180
23 Other expenses (attach schedule) 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and dishursements. Add lines 24 and 25	T			
Add lines 13 through 23	1,619	1,296	0	323
25 Contributions, gifts, grants paid	9,066			9,066
Total expenses and disputationals, 700 into 27 and 25	10,685	1,296	0	9,389
27 Subtract line 26 from line 12				
a Excess of revenue over expenses and disbursements	60			
b Net investment income (if negative, enter -0-)		0		
c Adjusted net income (If negative, enter -0-) .			0	

Рa	rt II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	of year
т а —		should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	12,534	12,474	12,474
	2	Savings and temporary cash investments			
	3	Accounts receivable ▶ 0			
		Less allowance for doubtful accounts	0	0	0
	4	Pledges receivable ▶ 0			
		Less allowance for doubtful accounts	0	0	0
	5	Grants receivable		-	
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)	0	0	0
	7	Other notes and loans receivable (attach schedule)			
	ļ	Less allowance for doubtful accounts ▶ 0	0	0	0
ß	8	Inventories for sale or use			
Se	9	Prepaid expenses and deferred charges			
Assets	10 a	Investments—U S and state government obligations (attach schedule)	0	0	0
	Ι.	b Investments—corporate stock (attach schedule)	0	0	0
	I	C Investments—corporate bonds (attach schedule)	0	0	0
	11	Investments—land, buildings, and equipment basis			
		Less accumulated depreciation (attach schedule)	0	0	0
	12	Investments—mortgage loans	-		
	13	Investments—other (attach schedule)	0	0	0
	14	Land, buildings, and equipment basis ▶ 0			
	` `	Less accumulated depreciation (attach schedule) ▶ 0		0	0
	15	Other assets (describe)	0	0	0
	16	Total assets (to be completed by all filers—see the		-	
	'	instructions Also, see page 1, item I)	12,534	12,474	12,474
	17	Accounts payable and accrued expenses	12,00 +	12,777	12,77
	18	Grants payable .			
es	19	Deferred revenue			
Ξ	20	Loans from officers, directors, trustees, and other disqualified persons	0	0	ļ
Liabilities	21	Mortgages and other notes payable (attach schedule)	0		!
Ξ	22	Other labeline (describe	0		, ,
	23	Total liabilities (add lines 17 through 22)	0		
	25		U	U	
S		Foundations that follow SFAS 117, check here			
alances	١	and complete lines 24 through 26 and lines 30 and 31.			
<u> </u>	24	Unrestricted			1
		Temporarily restricted .			ļ
Þ	26	Permanently restricted .			
Net Assets or Fund B		Foundations that do not follow SFAS 117, check here			
Ē		and complete lines 27 through 31.			
S	27	Capital stock, trust principal, or current funds	0	0	
ët	28	Paid-in or capital surplus, or land, bldg , and equipment fund	10.50		
SS	29	Retained earnings, accumulated income, endowment, or other funds	12,534	12,474	
ĭ	30	Total net assets or fund balances (see instructions)	12,534	12,474]
Ž	31	Total liabilities and net assets/fund balances (see			l
_	-	instructions)	12,534	12,474	
	rt III	Analysis of Changes in Net Assets or Fund Balances			
1		net assets or fund balances at beginning of year-Part II, column (a), line	30 (must agree with	1.1	
_		of-year figure reported on prior year's return)	•	1	12,534
2		amount from Part I, line 27a		2	
3		r increases not included in line 2 (itemize)		3	0
4		ines 1, 2, and 3		4	12,474
5		eases not included in line 2 (itemize) ▶			0
6	Total	net assets or fund balances at end of year (line 4 minus line 5)-Part II, c	olumn (b), line 30	6	12,474

	N HEMELGARN MEMORIAL				93-	1216871 Page 3
(a) List and describe the	d Losses for Tax on Investigation kind(s) of property sold (e.g., real estate, or common stock, 200 shs MLC Co	te,	(b) How acquired P—Purchase	(c) Date ac		(d) Date sold (mo , day, yr)
1a			D—Donation		. ,,	(110; 64););
b					-	
C						
d					1	
е						
(e) Gross sales price	(f) Depreciation allowed (or allowable)		t or other basis opense of sale	•	(h) Gain (e) plus (f)	
a 0	0		0			0
b 0	0		0			0
c 0	0		0			0
d 0	0		0			0
e 0	0		0			0
Complete only for assets show	ng gain in column (h) and owned	by the founda	tion on 12/31/69	(I) G	ains (Col	(h) gaın mınus
(i) F M V as of 12/31/69	(j) Adjusted basis		cess of col (i)		•	ess than -0-) or
	as of 12/31/69	over	col (j), if any		Losses (fro	
a 0	0		0			0
b 0	0	· · · · · · · · · · · · · · · · · · ·	0			0
c 0	0		0			0
	0					0
2 Capital gain net income or (nei canifai inee i 🔞 🧸	so enter in f	Part I, line 7 \			0
3 Net short-term capital gain	or (loss) as defined in sections		d (6):	2		0
D 11 11 0	ine 8, column (c) (see instruct	, .	· · · · · · · · · · · · · · · · · · ·	3		0
Part V Qualification Und (For optional use by domestic p						
If section 4940(d)(2) applies, le Was the foundation liable for the "Yes," the foundation does no	e section 4942 tax on the dist	e) Do not co	mplete this part.	·		
	unt in each column for each y	ear, see the	instructions before	making an	y entries	
(a) Base period years Calendar year (or tax year beginning in	(b) Adjusted qualifying distribution	s Net valu	(c) e of nonchantable-use a	ssets		(d) bution ratio vided by col (c))
2010		990	12	,703	(00) (0) (1	0.628985
2009		551		,498	-	0.743695
2008		332		.434		0 830947
2007		474		,242		0 152321
2006		295		,025		0 357173
2 Total of line 1, column (d)						2.713121
3 Average distribution ratio fo the number of years the four	r the 5-year base period—divi ndation has been in existence		• • •	/ . <u>3</u>		0 542624
4 Enter the net value of noncl	naritable-use assets for 2011	from Part X,	line 5	. 4		12,316
5 Multiply line 4 by line 3 .				5		6,683
6 Enter 1% of net investment	income (1% of Part I, line 27b	o)		. 6		0
7 Add lines 5 and 6				7		6,683
				ł .		

Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948-	-see	instru	ction	s)	
1 a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.					
	Date of ruling or determination letter. (attach copy of letter if necessary—see instructions)					
ŀ	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1			0	
	here ▶ X and enter 1% of Part I, line 27b					
•	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4%					
	of Part I, line 12, col (b)					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2			0	
3	Add lines 1 and 2	3			0	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4			0	
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5			0	
6	Credits/Payments					
	2011 estimated tax payments and 2010 overpayment credited to 2011 6a 0					
	Exempt foreign organizations—tax withheld at source					
	Tax paid with application for extension of time to file (Form 8868)					
	Backup withholding erroneously withheld . 6d 0					
7	Total credits and payments Add lines 6a through 6d	7			0	
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8_			0	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed .	9			0	
10		10 11			0	
	V V	'''			0	
	rt VII-A Statements Regarding Activities					
1 6	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it				Yes	
	participate or intervene in any political campaign?			1a		X
	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the			46		
	instructions for definition)?			1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities				1	
	Did the foundation file Form 1120-POL for this year?			1c		
	I Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			10		^
•	(1) On the foundation ► \$ (2) On foundation managers ► \$,	
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed					
	on foundation managers \$					İ
2				2		
_	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 8	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a	-	X
	o 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		Х
	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					
	By state legislation that effectively amends the governing instrument so that no mandatory directions					
	that conflict with the state law remain in the governing instrument?			6	Χ	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), a	nd Pa	rt XV	7	Χ	
8 8	Enter the states to which the foundation reports or with which it is registered (see instructions)					
	UT					
t	o If 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	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,"			ايا		
	complete Part XIV			9		_X_
10	,,					
_	their names and addresses			10		Х

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

4a

4b

orm	n 990-PF (2011) ROBERT W. HEMELGARN M	MEMORIAL FOUND	ATION		93-12168	871	P	age 6
Pa	rt VII-B Statements Regarding Activitie	es for Which Forn	n 4720 May Be Req	uired (continued)				
ā	During the year did the foundation pay or incur any (1) Carry on propaganda, or otherwise attempt to (2) Influence the outcome of any specific public on, directly or indirectly, any voter registration	o influence legislation (election (see section 4		Yes [X No			
	 (3) Provide a grant to an individual for travel, stu (4) Provide a grant to an organization other than in section 509(a)(1), (2), or (3), or section 494 	a chantable, etc , orga	nization described	. Yes	X No			
	(5) Provide for any purpose other than religious, educational purposes, or for the prevention o		• -	· · Yes [X No			
b	If any answer is "Yes" to 5a(1)-(5), did any of the t	ransactions fail to qual	ify under the exceptions	described in	_ [_			
	Regulations section 53 4945 or in a current notice	regarding disaster assi	stance (see instructions	3)?	[5b	N/A	
	Organizations relying on a current notice regarding	disaster assistance cl	neck here	▶[
С	If the answer is "Yes" to question 5a(4), does the fe	oundation claim exemp	otion from the		_			
	tax because it maintained expenditure responsibilit if "Yes," attach the statement required by Regulation	-	 (d)	Yes _	X No			
à	Did the foundation, during the year, receive any fur premiums on a personal benefit contract?	nds, directly or indirectl	y, to pay	Yes [X No		l	
b	Did the foundation, during the year, pay premiums, if "Yes" to 6b, file Form 8870	directly or indirectly, o	n a personal benefit cor	ntract? .	-	6b		X
'a	At any time during the tax year, was the foundation	a party to a prohibited	tax shelter transaction?	Yes [X No			1
b	If "Yes," did the foundation receive any proceeds o	r have any net income	attributable to the trans	action?	N/A	7b		
P	art VIII Information About Officers, and Contractors	Directors, Truste	es, Foundation M	anagers, Highly P	aid Emp	loye	ees,	
1	List all officers, directors, trustees, founda	ation managers an	d their compensatio	n (see instructions)				
२०	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	 (d) Contributions to employee benefit plans and deferred compensation 	oth		e accou	
	(a) Name and address	hours per week	(If not paid, enter	employee benefit plans	oth			
	NALD HEMELGARN	hours per week devoted to position	(If not paid, enter	employee benefit plans	oth			
	NALD HEMELGARN	hours per week devoted to position	(if not paid, enter -0-)	employee benefit plans	n oth			<u>s</u>
<u>TEI</u>	NALD HEMELGARN LEN HEMELGARN ONDA HEMELGARN	hours per week devoted to position PRES MINIMAL VP MINIMAL SEC	(If not paid, enter -0-)	employee benefit plans	O O			0 0
HEI	NALD HEMELGARN LEN HEMELGARN ONDA HEMELGARN Y HEMELGARN	hours per week devoted to position PRES MINIMAL VP MINIMAL SEC MINIMAL TREAS	(If not paid, enter -0-) O	employee benefit plans	O oth			0 0 0
HEI NM	NALD HEMELGARN LEN HEMELGARN ONDA HEMELGARN Y HEMELGARN	hours per week devoted to position PRES MINIMAL VP MINIMAL SEC MINIMAL TREAS MINIMAL	(If not paid, enter -0-) 0 0 0	employee benefit plans and deferred compensation	0 0 0	er allo		0 0
HEI AM	NALD HEMELGARN LEN HEMELGARN ONDA HEMELGARN Y HEMELGARN Compensation of five highest-paid employ	hours per week devoted to position PRES MINIMAL VP MINIMAL SEC MINIMAL TREAS MINIMAL rees (other than the	(If not paid, enter -0-) 0 0 0 ose included on line	employee benefit plans and deferred compensation 1—see instructions (d) Contributions to employee benefit plans and deferred	0 0 0 0 s). If none	er allo		0 0 0
1 <u>E</u> 1	LEN HEMELGARN ONDA HEMELGARN Y HEMELGARN Compensation of five highest-paid employenter "NONE."	hours per week devoted to position PRES MINIMAL VP MINIMAL SEC MINIMAL TREAS MINIMAL TREAS MINIMAL rees (other than the	(If not paid, enter -0-) 0 0 0 ose included on line	employee benefit plans and deferred compensation 1—see instruction: (d) Contributions to employee benefit	0 0 0 0 s). If none	er allo	e accou	0 0 0 0
1 <u>E</u> 1	LEN HEMELGARN ONDA HEMELGARN Y HEMELGARN Compensation of five highest-paid employenter "NONE.") Name and address of each employee paid more than \$50,0	hours per week devoted to position PRES MINIMAL VP MINIMAL SEC MINIMAL TREAS MINIMAL TREAS MINIMAL rees (other than the	(If not paid, enter -0-) 0 0 0 ose included on line	employee benefit plans and deferred compensation 1—see instructions (d) Contributions to employee benefit plans and deferred	0 0 0 0 s). If none	er allo	e accou	0 0 0
1 <u>E</u> 1	LEN HEMELGARN ONDA HEMELGARN Y HEMELGARN Compensation of five highest-paid employenter "NONE.") Name and address of each employee paid more than \$50,0	hours per week devoted to position PRES MINIMAL VP MINIMAL SEC MINIMAL TREAS MINIMAL TREAS MINIMAL rees (other than the	(If not paid, enter -0-) 0 0 0 ose included on line	employee benefit plans and deferred compensation 1—see instructions (d) Contributions to employee benefit plans and deferred	0 0 0 0 s). If none	er allo	e accou	0 0 0 0
1 <u>E</u> 1	LEN HEMELGARN ONDA HEMELGARN Y HEMELGARN Compensation of five highest-paid employenter "NONE.") Name and address of each employee paid more than \$50,0	hours per week devoted to position PRES MINIMAL VP MINIMAL SEC MINIMAL TREAS MINIMAL TREAS MINIMAL rees (other than the	(If not paid, enter -0-) 0 0 0 ose included on line	employee benefit plans and deferred compensation 1—see instructions (d) Contributions to employee benefit plans and deferred	0 0 0 0 s). If none	er allo	e accou	0 0 0

Total number of other employees paid over \$50,000

2

All other program-related investments. See instructions

Total. Add lines 1 through 3

Form **990-PF** (2011)

ightharpoons

0

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

Pai	t X Minimum Investment Return (All domestic foundations must complete this part Foreign	gn foundation	ns,
	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	
b	Average of monthly cash balances	1b	12,504
C	Fair market value of all other assets (see instructions)	. 1c	
đ	Total (add lines 1a, b, and c)	1d	12,504
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	12,504
4	Cash deemed held for charitable activities Enter 1 ½ % of line 3 (for greater amount, see		
	instructions) .	4	188
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	12,316
6	Minimum investment return. Enter 5% of line 5	6	616
Par	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	616
2a	Tax on investment income for 2011 from Part VI, line 5	0	
b	Income tax for 2011 (This does not include the tax from Part VI)	0	
С	Add lines 2a and 2b	2c	0
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	616
4	Recoveries of amounts treated as qualifying distributions	4	0
5	Add lines 3 and 4	5	616
6	Deduction from distributable amount (see instructions)	6	0
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	<u>616</u>
Par	Qualifying Distributions (see instructions)		
		(Springer	
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	9,389
b	Program-related investments—total from Part IX-B .	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		_
	purposes	2	0
3	Amounts set aside for specific charitable projects that satisfy the		_
а	Suitability test (prior IRS approval required)	3a	0
b	Cash distribution test (attach the required schedule)	3b	0
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	9,389
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	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	9,389
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the fo	oundation	

_					
	Subtract lines 7 and 8 from line	6a .	35,476	 	
)	Analysis of line 9				
а	Excess from 2007 .	1,662			
b	Excess from 2008	9,710			
С	Excess from 2009	7,976			
d	Excess from 2010	7,355			
е	Excess from 2011	8,773			

10

Part XV Supplementary Information (continued)

MI NONE COLLEGE NONE COLLEGE SCHOLARSHIPS MI	
Name and address (home or business) a Paid during the year THE STEWARD SCHOOL NONE SCHOOL SCHOLARSHIPS MI MONROE COMMUNITY COLLEGE NONE COLLEGE SCHOLARSHIPS MI MERCY MEMORIAL NONE SOLIC)(3) DONATION MI MISSION HOMELESS SHELTER NONE SOLIC)(3) DONATION MI CENTRAL MICHIGAN NONE SCHOOL SCHOLARSHIPS AND CENTRAL MICHIGAN NONE SCHOOL SCHOLARSHIPS MI CHILDRENS HOSPITAL FOUNDATION NONE SOLIC)(3) DONATION DONATION	
THE STEWARD SCHOOL NONE SCHOOL SCHOLARSHIPS SCHOLARSHIPS MI MONROE COMMUNITY COLLEGE NONE COLLEGE SCHOLARSHIPS MI MERCY MEMORIAL NONE SOI(C)(3) DONATION MI MISSION HOMELESS SHELTER NONE SCHOOL SCHOLARSHIPS MI CENTRAL MICHIGAN NONE SCHOOL SCHOLARSHIPS MI CHILDRENS HOSPITAL FOUNDATION NONE SOI(C)(3) DONATION	
MONROE COMMUNITY COLLEGE MI MERCY MEMORIAL NONE 501(C)(3) DONATION MI MISSION HOMELESS SHELTER NONE 501(C)(3) DONATION MI CENTRAL MICHIGAN NONE SCHOOL SCHOLARSHIPS MI CHILDRENS HOSPITAL FOUNDATION NONE 501(C)(3) DONATION	5,000
MI MISSION HOMELESS SHELTER MI CENTRAL MICHIGAN MI CHILDRENS HOSPITAL FOUNDATION NONE 501(C)(3) DONATION 501(C)(3) DONATION SCHOOL SCHOLARSHIPS 501(C)(3) DONATION DONATION	500
MISSION HOMELESS SHELTER NONE 501(C)(3) DONATION MI CENTRAL MICHIGAN NONE SCHOOL SCHOLARSHIPS MI CHILDRENS HOSPITAL FOUNDATION NONE 501(C)(3) DONATION	2,500
CENTRAL MICHIGAN MI CHILDRENS HOSPITAL FOUNDATION NONE SCHOOL SCHOLARSHIPS 501(C)(3) DONATION	266
CHILDRENS HOSPITAL FOUNDATION NONE 501(C)(3) DONATION	500
	300
Total	9,066
b Approved for future payment	
Total	0

art XVI-A Analysis of Income-Producing Action intergraphs amounts unless otherwise indicated.	Unrelated busi	ness income	Excluded by section	512, 513, or 514	(e)
1 Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
		0		0	C
a b		0		0	
С		0		0	
d		0		0	
e		0		0	C
f		0		0	C
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate					
a Debt-financed property .					
b Not debt-financed property .					
6 Net rental income or (loss) from personal property					
7 Other investment income .					
8 Gain or (loss) from sales of assets other than inventory				0	
9 Net income or (loss) from special events					
O Gross profit or (loss) from sales of inventory					
1 Other revenue a	-	0 0		<u>0</u>	
b	· 	0		0	
с	 	0	<u> </u>	0	
u		0		0	
2 Subtotal Add columns (b), (d), and (e)	·	0		0	
3 Total. Add line 12, columns (b), (d), and (e)			· · · · · · · · · · · · · · · · · · ·	13	
See worksheet in line 13 instructions to verify calculations)		•			
Part XVI-B Relationship of Activities to the Ac	complishment o	of Exempt Po	urposes		
Line No. Explain below how each activity for which incom				portantly to	
▼ the accomplishment of the foundation's exempt	purposes (other thar	by providing fu	nds for such purpos	ses) (See instru	ictions)
	NONE				
T					

Form 990-PF (2011) ROBERT W. HEMELGARN MEMORIAL FOUNDATION Page 13 93-1216871 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations** Did the organization directly or indirectly engage in any of the following with any other organization described No Yes in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of: 1a(1) (2) Other assets 1a(2) **b** Other transactions: (1) Sales of assets to a noncharitable exempt organization 1b(1) (2) Purchases of assets from a noncharitable exempt organization . 1b(2) (3) Rental of facilities, equipment, or other assets . . . 1b(3) (4) Reimbursement arrangements . 1b(4) (5) Loans or loan guarantees 1b(5) (6) Performance of services or membership or fundraising solicitations . 1b(6) c Sharing of facilities, equipment, mailing lists, other assets, or paid employees. If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements ol 0 0 0 0 0 0 0 0 0 0 0 0 0 0 Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? **b** If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship

					-	
				<u> </u>		
Sign Here	Under penalties of penury Legislary that I have examine correct, and complete peschalion of preparer (other the support of the	ned this return, including accompanying han taxpayer) is based on all information 5-/4-2017 Date	n of which preparer has any	y knowledge	May the IRS	discuss this return arer shown below (see
Paid	Print/Type preparer's name	Preparer's signature	TO TO	Date	Check X if	PTIN

Preparer Use Only

Roger A. Dibb, CPA, PC

ROGER A. DIBB, CPA, PS

Firm's address ▶ P. O. BOX 17868, SALT LAKE CITY, UT 84117

500

Check self-en

Phone no

Check X if self-employed P00014275
Firm's EIN ► 06-1091227

(801) 278-2497

Form **990-PF** (2011)

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No 1545-0047

2011

Employer identification number

ROBERT W. HEMELGARI	N MEMORIAL FOUNDATION	93-1216871
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 four	ndation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	on
	501(c)(3) taxable private foundation	
• •	is covered by the General Rule or a Special Rule . ()(7), (8), or (10) organization can check boxes for both the General Rule an	nd a Special Rule See
General Rule		
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 one contributor Complete Parts I and II.	or more (in money or
Special Rules		
sections 509(a)(1)	c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support to and 170(b)(1)(A)(vı) and received from any one contributor, during the year 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, lii	r, a contribution of the greater
the year, total cont	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from a ributions of more than \$1,000 for use <i>exclusively</i> for religious, charitable, so ses, or the prevention of cruelty to children or animals. Complete Parts I, II,	cientific, literary, or
the year, contributi total to more than year for an exclusi applies to this orga	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from sons for use <i>exclusively</i> for religious, charitable, etc., purposes, but these cost, 000 lf this box is checked, enter here the total contributions that were revely religious, charitable, etc., purpose. Do not complete any of the parts unitation because it received nonexclusively religious, charitable, etc., contributions that were received nonexcl	ontributions did not eceived during the nless the General Rule ributions of \$5,000 or more
	hat is not covered by the General Rule and/or the Special Rules does not fi must answer "No" on Part IV, line 2, of its Form 990; or check the box on lir	

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).

6

Foreign State or Province

Foreign Country

Name of organization

Employer identification number

ROBERT W. HEMELGARN MEMORIAL FOUNDATION 93-1216871 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (d) (a) (b) (c) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person X ___1___ VARIOUS SEE ATTACHED SCHEDULE Payroll Noncash 10,625 Foreign State or Province N/A (Complete Part II if there is Foreign Country a noncash contribution) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** No. Type of contribution Person __2__ **Pavroll** Noncash Foreign State or Province: (Complete Part II if there is Foreign Country a noncash contribution) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 Person **Payroll** Noncash Foreign State or Province (Complete Part II if there is Foreign Country a noncash contribution) (a) (b) (c) (d) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 Person 4 **Payroli** Noncash Foreign State or Province (Complete Part II if there is Foreign Country a noncash contribution) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person __5 **Payroll** Noncash Foreign State or Province (Complete Part II if there is Foreign Country a noncash contribution) (d) (a) (b) (c) Type of contribution No. Name, address, and ZIP + 4 **Total contributions**

(Complete Part II if there is

a noncash contribution)

Person

Payroll Noncash

Robert W. Hemelgarn Foundation Contributors for year 2011

Name, address, zip	Total Amount
Angelo & Diana Frole	500
8835 Patterson Rd	
Hilliard, OH 43026-8431	
21st Century Super Fitness North, Inc	50
P.O Box 5679	
Toledo, Ohio 43613	
Super Fitness Reynolds, Inc.	50
P.O. Box 5679	
Toledo, Ohio 43613	
Brag Enterprises, Inc.	50
P.O. Box 5679	
Toledo, Ohio 43613	
Brent Hemelgarn	250
2943 W Stein Rd	250
La Salle, MI 48145	
Water Lady Inc	2 500
Victory Lady, Inc. 9699-D West Broad Street	2,500
Glen Allen, VA 23060	
Victory Lady South, Inc.	2,500
10050 Midlothian Turnpike Richmond, VA 23235	
1 10111101101, 171 20200	
Robert C Layman O.D.	50
3309 Quail Hollow Drive, Suite E	
Lambertville, MI 48144	
Automobile Racing Club of America, Inc.	50
P.O. Box 5217	
Toledo, OH 43611	
All American Port Toilet Svc. Inc	50
P.O. box 35	
Erie, MI 48133	
Amy & Chad Hemelgarn-Mauder	50
2565 W. Stein Road	
LaSaile, MI 48145	
Curtis Construction Company, LLC	50
1982 Lotus Drive	
Erie, MI 48133	
Ray's Door Service	50
922 Dixie Avenue	50
Erie, MI 48133	

PAGE TOTAL \$

6,200.00

Robert W. Hemelgarn Foundation Contributors for year 2011

Name, address, zip	Total Amount
Cash - no name	100
Sharon Steimetz No address	25
Erie Mason Touchdowners P.O. Box 42 Erie, MI 48133	50
Bree & Benjamin Russow 2050 Wilson Drive Erie, MI 48133	300
Susan & Jeremy Joyner 11307 Grant St Luna Pier, MI 48157	50
Buckeye Wolverine Golf 8659 Jackman Rd Temperance, MI 48182	50
Leigh A Russow 1388 Laurelhurst Temperance MI 48182	50
Rodney & Thelma Jacobs 4076 Mc Collum Lake Rd Curran, MI 48728	50
Bedford Physical Therapy PC 7300 Secor Rd #3 Lambertville, MI 48144	50
Monroe Orthopedic Therapy 1515 N. Telegraph Rd. Mnroe, MI 48162	50
Cameron, Fruth & Green Agency, Inc. 118 West Tiffin Street Fostoria, OH 44830	50
Erie Welding & Mechanical Contractors Inc 9776 S. Dixie Hwy Erie, MI 48133-0254	50
Leroy & Marilynne Wood 1488 Meadowbrook Way Temperance, MI 48182	50
Andrew Brown no address on check	1,300

PAGE TOTAL \$

2,225

RWH Foundation contributors

Robert W. Hemelgarn Foundation Contributors for year 2011

Name, address, zip	Total Amount
Margaret A Winnicki 551 Saville Row Charleston, SC 29414	50
Justin & Ashley Stark no address	50
Denny & Mary Stark no address	50
Rhonda Hemelgarn 2724 W Stein Road LaSalle, MI 48145	2,050

PAGE TOTAL \$ 2,200

GRAND TOTAL \$ 10,625

Line 23 (990-PF) - Other Expenses

ROBERT W HEMELGARN MEMORIAL FOUNDATION

Expenses
_

The Salt Lake Tribune



Deseret News

PROOF OF PUBLICATION

CUSTOMER'S COPY

CUSTOMER NAME AND ADDRESS	ACCOUNT NUMBER	DATE
DIBB,ROGER	9001454511	5/7/2012
4725 SO HOLLADAY BLVD #200		L
SALT LAKE CITY UT 84117		

	ACCOUN'	I NAME	
	DIBB,RC	OGER	
TEEFPHONE .		ADORDER# -/ INVOICE NUMBER	
8012782497		0000790022 /	
Company of the second of the s	SCHED	ULE	رُقُس، چهر س
Start 05/05/20	012	End 05/05/2012	
	CUST, RI	EF NO.	
Lega	al Notice		
	CAPT	ION CARLO CARROLL STORE 48-1	
PUBLIC NOTICE Public notice is i			melga
PUBLIC NOTICE Public notice is I		hat the annual report of the Robert W He	emelga
· · · · · · · · · · · · · · · · · · ·	hereby given t	hat the annual report of the Robert W He	emelga
	hereby given t	hat the annual report of the Robert W He	emelga
20	hereby given t	hat the annual report of the Robert W He	emelga
20	hereby given t	hat the annual report of the Robert W He	
20 TIMES	hereby given t	hat the annual report of the Robert W He	
20 TIMES	hereby given t	hat the annual report of the Robert W He	

PUBLIC NOTICE

blic notice is hereby given in the annual report of the berr. "Hemelgam Memo-berr, berr and to be an annual to Foundation accounting of-is 4725 Holladay Blvd, aday, UT 84117, 801--2497 The person to act for inspection is Rog-UPAXLP

AFFIDAVIT OF PUBLICATION

AS NEWSPAPER AGENCY COMPANY, LLC dba MEDIAONE OF UTAH LI:GAI, BOOKFR, I CERTIFY THAT THE ATTACHED ADVERTISEMENT OF PUBLIC NOTICE Public notice is hereby given that the annual report of the Robert W. Hemelgarn Memorial Foundation is available for inspection at the accounting FOR DIBB, ROGER WAS PUBLISHED BY THE NEWSPAPER AGENCY COMPANY, LLC dba MEDIAONE OF UTAH, AGENT FOR THE SALT LAKE TRIBUNE AND DESERET NEWS, DAILY NEWSPAPERS PRINTED IN THE ENGLISH LANGUAGE WITH GENERAL CIRCULATION IN UTAH, AND PUBLISHED IN SALT LAKE CITY, SALT LAKE COUNTY IN THE STATE OF UTAH NOTICE IS ALSO POSTED ON UTAHILEGALS COM ON THE SAME DAY AS THE FIRST NEWSPAPER PUBLICATION DAIFE AND REMAINS ON UTAHLEGALS COM INDEFINATELY

PUBLISHED ON

Start 05/05/2012

05/05/2012

VIRGINIA CRAFT Notary Public, State of Utah Commission # 581469 My Commission Expires

January 12, 2014

SIGNATURE

DATE

5/7/2012

THIS IS NOT A STATEMENT BUT A "PROOF OF PUBLICATION"

PLEASE PAY FROM BILLING STATEMENT

Form **8868**

(Rev January 2012)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

Wite High Tie Veril	ac ocivioc					
• If you are	e filing for an Automatic 3-Month Extensi e filing for an Additional (Not Automatic) inplete Part II unless you have already be	3-Month	Extension, complete only Part II (on page 2 of	this form).	. ► X 8868.
Electronic a corporation 8868 to req Return for T	filing (e-file). You can electronically file Fon required to file Form 990-T), or an additiouest an extension of time to file any of the Fransfers Associated With Certain Personal). For more details on the electronic filing of	orm 8868 i ional (not a forms liste al Benefit (if you need a 3-month automatic ext automatic) 3-month extension of timed in Part I or Part II with the excepting contracts, which must be sent to the	tension of time. You can elon of Form 8 IRS in papel	e to file (6 n ectronically 870, Informa format (see	nonths for file Form ation e
Part I	Automatic 3-Month Extension of 1	Time. Onl	y submit original (no copies need	ded).		
Part I only All other co.	on required to file Form 990-T and request	ing an auto	omatic 6-month extension—check the second control of the second co	nis box and co	an extension	
Type or	Name of exempt organization or other filer, se	e instructioi	ns	Employer id	dentification nur	mber (EIN) or
print	ROBERT W HEMELGARN MEMORIAL I			X 93-121	6871	
File by the	Number, street, and room or suite no. If a P C	box, see ii	nstructions	Social see	curity number	r (SSN)
due date for filing your	4725 SOUTH HOLLADAY BLVD, #210					
return See	City, town or post office, state, and ZIP code	For a foreig	n address, see instructions			
instructions	SALT LAKE CITY	•		UT	84117	
	eturn code for the return that this application		<u> </u>	eturn)		04
Applicatio	n	Return	Application			Return
Is For		Code	is For			Code
Form 990		01	Form 990-T (corporation)			07
Form 990-I		02	Form 1041-A			08
Form 990-I		01 04	Form 4720			09
	T (sec 401(a) or 408(a) trust)	05	Form 5227 Form 6069			10
	T (trust other than above)	06	Form 8870			12
Telephor If the org If this is for the whol list with the I requ until is for X If the	the organization's return for calendar year 2011 or tax year beginning tax year entered in line 1 is for less than 1 thange in accounting period	of busines s four digit If it is for p sion is for corporatio exempt or	t Group Exemption Number (GEN) part of the group, check this box. In required to file Form 990-T) extending anization return for the organization, and ending check reason:	sion of time n named abo	. If to	his is d attach a ension
3a If this	application is for Form 990-BL, 990-PF, 9	90-T, 4720	o, or 6069, enter the tentative tax, le	ss any		
nonre	efundable credits See instructions.			- 1	3a \$	
	application is for Form 990-PF, 990-T, 47					
	ated tax payments made. Include any prio				3b \$	
	nce due. Subtract line 3b from line 3a. Incl				20 6	_
	PS (Electronic Federal Tax Payment System on are going to make an electronic fund withdra			 	3c \$	etructions
	or are nound to make all electionic long willing.	************************			" POATHCILLING	311 UUUUUI 3