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### 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

2012

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

Open to Public Inspection

OMB No 1545-0052

Fo	r cal	alendar year 2012 or tax year beginning	, aı	nd ending		
Na	me o	of foundation			A Employer identification number	
RC	BEF	RT W HEMELGARN MEMORIAL FOUNDATION		_	93-1216871	
		er and street (or PO box number if mail is not delivered to street addr	ess)	Room/suite	B Telephone number (see instructions)	
47	25 S	SOUTH HOLLADAY BLVD, #210			1	
C	ty or t	town, state, and ZIP code			C If exemption application is pending, check here	• [
SA	LT L	LAKE CITY	UT	84117		
G	Che	neck all that apply Initial return Initia	al return of a former p	ublic charity	D 1. Foreign organizations, check here	▶ [
		Final return Ame	ended return		2. Foreign organizations meeting the 85% test,	
		Address change Nam	ne change		check here and attach computation	▶ [
Н	Che	neck type of organization X Section 501(c)(3) exer	mpt private foundation		1 <sub>=</sub>	
Г			Other taxable private t		If private foundation status was terminated under section 507(b)(1)(A), check here	▶ [
<u> </u>		air market value of all assets at end J Accounting r	<del></del>	<u>-</u>	F If the foundation is in a 60-month termination	
		year (from Part II, col. (c),		I L Accidai	under section 507(b)(1)(B), check here	▶ [
		ne 16) ▶ \$ 16,313 (Part I, column (		sis )		
Pa	art I		(a) Revenue and		(d) Disbursemen	its
		amounts in columns (b), (c), and (d) may not necessarily equal	expenses per	(b) Net investm income	nent (c) Adjusted net for charitable income purposes	
		the amounts in column (a) (see instructions) )	books	111001110	(cash basis only	)
	1	1 Contributions, gifts, grants, etc., received (attach schedule)	8,424			
	2					
	3	Interest on savings and temporary cash investments				
	4	4 Dividends and interest from securities .				
	5	5 a Gross rents				
9		b Net rental income or (loss)		250	=1\/=1	
Revenue	6	6 a Net gain or (loss) from sale of assets not on line 10		- NEOL		
	l _	b Gross sales price for all assets on line 6a			08	
2						
	8				S	
	9			OGDE	<del>-N UT -  </del>	
	10	D a Gross sales less returns and allowances  b Less Cost of goods sold		OODL	-14, 01	
	1	c Gross profit or (loss) (attach schedule)				
	11					
	12	,	8,424		0 0	
	42		5,127			
enses	14	·				
ä	15	· •				
Ω	-l	6 a Legal fees (attach schedule) .				
Ë		b Accounting fees (attach schedule)	787		630	157
Administrative		c Other professional fees (attach schedule) .				
	17					
	18	, , , , , , , , , , , , , , , , , , , ,				
j :	19					
	20	· · · · · · · · · · · · · · · · · · ·				
: 0 : 0	21					
E .	22		470		420	- 24
			173		139	34
GFUC &	24	· · · · · · · · · · · · · · · · · · ·	960		769 0	191
CAUC	05	Add lines 13 through 23	3,625	,		,625
ت O		•		<del></del>		
_	26		4,585		769 0 3	,816
	27		3,839			
		a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)	3,039		0	
		b Net investment income (if negative, enter -0-)	<u> </u>			

916 11

Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)

Enter amount from Part I, line 27a

Other increases not included in line 2 (itemize)

Add lines 1, 2, and 3

Decreases not included in line 2 (itemize)

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

6

12,474

2 3,839

3 4 16,313

Fail IV Capital Gaills all	IN LOSSES IOI TAX OII IIIVE	Sune	FIIL HICOI				
	e kind(s) of property sold (e g , real esta se, or common stock, 200 shs MLC Co	(b) How acquired P—Purchase D—Donation		Date acquired no , day, yr )	(d) Date sold (mo , day, yr )		
1a							
b							
С							
d		·					
е							<u></u>
(e) Gross sales pnce	(f) Depreciation allowed (or allowable)			r other basis inse of sale			ain or (loss) (f) minus (g)
_a							
b							······································
С							
d						<del> </del>	<del></del>
е							
Complete only for assets show	ring gain in column (h) and owned	by the	e foundatio	n on 12/31/69		(I) Gains (C	ol (h) gain minus
(i) F M ∨ as of 12/31/69	(j) Adjusted basis as of 12/31/69			ss of col (ı) (ı), ıf any			ot less than -0-) <b>or</b> (from col (h))
а							
b							
С							<u> </u>
d							
<u>e</u>							
2 Capital gain net income or (	$(net capital loss) $ $\begin{cases} If gain, a \\ If (loss), \end{cases}$		nter in Par -0- in Par	<b>&gt;</b>	2		0
3 Net short-term capital gain of	or (loss) as defined in sections	1222	(5) and (6)	)			
If gain, also enter in Part I, I	ine 8, column (c) (see instructi	ons)	lf (loss), e	nter -0-			
ın Part I, line 8	· ·			J	3		
Part V Qualification Und	der Section 4940(e) for Re	educe	ed Tax o	n Net Investm	ent lı	ncome	
(For optional use by domestic p	rivate foundations subject to the	ne sec	tion 4940	(a) tax on net inve	estme	nt income)	
	·			` ,		,	
If section 4940(d)(2) applies, lea	ave this part blank						
Was the foundation liable for the	e section 4942 tax on the distri	butab	le amount	of any year in the	e base	e period?	Yes No
If "Yes," the foundation does no	t qualify under section 4940(e)	Dor	not comple	ete this part			
1 Enter the appropriate amo	unt in each column for each ye	ear, se	ee the inst	ructions before m	akıng	any entries	
(a)	(b)			(c)			(d)
Base period years Calendar year (or tax year beginning in	Adjusted qualifying distribution	าร	Net value o	of noncharitable-use as	ssets		stribution ratio ) divided by col. (c))
2011		389		12	2,316	(0) (0)	0 762342
2010		7,990			2,703		0 628985
2009		3,551			,498		0 743695
2008		0,332			2,434		0 830947
2007		2,474			,242		0 152321
2 Total of line 1, column (d)						2	3 118290
3 Average distribution ratio for		le the	total on lii	ne 2 by 5, or by	ſ		
the number of years the fou	ndation has been in existence	if less	than 5 ye	ears .	L	3	0 623658
4 Enter the net value of nonch	naritable-use assets for 2012 fi	rom P	art X, line	5	L	4	14,178
5 Multiply line 4 by line 3 .					L	5	8,842
6 Enter 1% of net investment income (1% of Part I, line 27b)						6	0
						_	
7 Add lines 5 and 6						7	8,842
8 Enter qualifying distributions		D	<i>a</i>		ا ا	8	3,816
•	er than line 7, check the box in	Part \	/ı, line 1b,	and complete the	at parl	using a 1%	tax rate See
the Part VI instructions.							

93-1216871

Pai	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—	see i	instruction	ıs)		
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)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1				
	here and enter 1% of Part I, line 27b					
С	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			_ <u>o</u>	<u> </u>
3	Add lines 1 and 2	3			0	<u> </u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	5			0	
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	0				
6	Credits/Payments					
	2012 estimated tax payments and 2011 overpayment credited to 2012  Exempt foreign organizations—tax withheld at source  6b					
	,					
		7		—	0	
7 8	Total credits and payments Add lines 6a through 6d  Enter any penalty for underpayment of estimated tax. Check here	8				
9	Enter any penalty for underpayment of estimated tax. Check here If Form 2220 is attached.  Tax due, If the total of lines 5 and 8 is more than line 7, enter amount owed.	9			0	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				
	Enter the amount of line 10 to be Credited to 2013 estimated tax	11			0	
		•••				
	t VII-A Statements Regarding Activities			1	V	N.
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		<u> </u>	-+	Yes	No
	participate or intervene in any political campaign?		1_1	a		_X_
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see		١,	.		
	Instructions for the definition)?		1	<u>b</u>		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		-			<del></del>
	Did the foundation file Form 1120-POL for this year?		1	<del>-</del>		Х
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			- 1		
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$		<del></del>			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed					
_	on foundation managers  \$			2		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		<u> </u>	+		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			-		X
4 -			4	-		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			_	N/A	<del>  ^-</del>
5	of "Yes," has it filed a tax return on Form 990-T for this year?  Was there a liquidation, termination, dissolution, or substantial contraction during the year?		. 3		11//	Х
5	If "Yes," attach the statement required by General Instruction T		·  -	1		<del>-</del>
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either					
٠	By language in the governing instrument, or		ľ			
	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?		-	-	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	d Part		$\rightarrow$	X	
	Enter the states to which the foundation reports or with which it is registered (see instructions)	a r urt	~ F	7	-,	-
- 0	UT					
h	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		8	<b>b</b>	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 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes,"			-		
	complete Part XIV		9	)		х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing			寸		
-	their names and addresses .		1	0		х

Part	VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had			
	advisory privileges? If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Χ	
	Website address ► N/A			
14	The books are in care of ► SERVICE SPECIALTIES Telephone no ► (801) 272-5	214		
	Located at ► 4725 HOLLADAY BLVD, #210 SALT LAKE CITY\ UT ZIP+4 ► 84117			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here		Þ	• [
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2012, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		Х
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1. If "Yes," enter the name of			
	the foreign country	L		
Pai	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person? Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)? Yes X No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	If the foundation agreed to make a grant to or to employ the official for a period			
	after termination of government service, if terminating within 90 days )			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b	N/A	
	Organizations relying on a current notice regarding disaster assistance check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,			!
	that were not corrected before the first day of the tax year beginning in 2012?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)).			
а	At the end of tax year 2012, did the foundation have any undistributed income (lines 6d			
	and 6e, Part XIII) for tax year(s) beginning before 2012? Yes X No			
	If "Yes," list the years 20 , 20 , 20 , 20 ,			
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)			
	to all years listed, answer "No" and attach statement—see instructions)	2b	N/A	
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
•	20, 20, 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?  Yes X No			
<b>L</b>				
b	If "Yes," did it have excess business holdings in 2012 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved			
	by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3)			
	the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine			
	If the foundation had excess business holdings in 2012.)	3b	N/A	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	,	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable	<u> </u>		
~	purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2012?	4b		X

	ICMODIAL FOLINDA	FION		02.4240	074		
Part VII-B Statements Regarding Activity			Required (continue	93-1216 d)	871	Page <b>6</b>	
<ul> <li>5a During the year did the foundation pay or incur any</li> <li>(1) Carry on propaganda, or otherwise attempt t</li> <li>(2) Influence the outcome of any specific public on, directly or indirectly, any voter registration</li> </ul>	/ amount to. o influence legislation ( election (see section 49	section 4945(e))?	Yes	X No			
<ul> <li>(3) Provide a grant to an individual for travel, stu</li> <li>(4) Provide a grant to an organization other than in section 509(a)(1), (2), or (3), or section 49</li> </ul>	idy, or other similar pur a charitable, etc , orga	inization described	Yes	X No	ĺ		
=	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? . Yes X No						
b If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance check here  If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section 53 4945–5(d).							
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes X No							
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If "Yes" to 6b, file Form 8870							
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?  7 Yes X No							
Part VIII Information About Officers and Contractors	, Directors, Truste	ees, Foundation	Managers, Highly I	Paid Emp	oloyee	s,	
1 List all officers, directors, trustees, foundate	tion managers and t	heir compensation	n (see instructions).				
(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	1	xpense a ner allowa		
RONALD HEMELGARN	PRES MINIMAL	•					
HELEN HEMELGARN	VP MINIMAL						
RHONDA HEMELGARN	SEC MINIMAL						
AMY HEMELGARN	TREAS MINIMAL				· = -		
2 Compensation of five highest-paid employe enter "NONE."		e included on line	1—see instructions).	If none,			
(a) Name and address of each employee paid more than \$50,0	(b) Title, and avera hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) E	xpense a ner allowa		
NONE							

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

▶

2

All other program-related investments. See instructions

Total. Add lines 1 through 3

Par	Minimum Investment Return (All domestic foundations must complete this part	Foreign foundation	ns,
	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes	<u> </u>	
а	Average monthly fair market value of securities .	. <u>1a</u>	<u> </u>
b	Average of monthly cash balances	1b	14,394
C	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	. 1d	14,394
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) . 1e	140 E	
2	Acquisition indebtedness applicable to line 1 assets .	2	_
3	Subtract line 2 from line 1d	3	14,394
4	Cash deemed held for charitable activities Enter 1 ½ % of line 3 (for greater amount, see		
	instructions) .	4	216
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	14,178
6	Minimum investment return. Enter 5% of line 5	6	709
Par	t XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating	g	
-	foundations and certain foreign organizations check here and do not complete this		
1	Minimum investment return from Part X, line 6 .	1	709
2a	Tax on investment income for 2012 from Part VI, line 5	33.3	
b	Income tax for 2012 (This does not include the tax from Part VI)		
С	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	709
4	Recoveries of amounts treated as qualifying distributions	4	•
5	Add lines 3 and 4	5	709
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	709
Par	t XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	27	
а	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	3,816
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	La .	
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	3,816
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	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	3,816
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether	r the foundation	
	qualifies for the section 4940(e) reduction of tax in those years	•	

Part	XIII 'Undistributed Income (see in	nstructions)			······································	
_			(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
1	Distributable amount for 2012 from Part XI,	-	Corpus	rears prior to 2011	2011	<del></del>
_	line 7 .					709
2	Undistributed income, if any, as of the end of	or 2012.				
a	Enter amount for 2011 only  Total for prior years 20, 20, 2	;				<del></del> -
3	Excess distributions carryover, if any, to 201		<del>  </del>			
о a	From 2007	1,662	1			
a b	From 2008 .	9,710				
-	From 2009	7,976	1			
c d	From 2010 .	7,375				
e	From 2011	8,773				
f	Total of lines 3a through e		35,476		1	
4	Qualifying distributions for 2012 from Part	·	50, 110			
•	XII, line 4 ► \$3,816				i	
а	Applied to 2011, but not more than line 2a		1			
	Applied to undistributed income of prior year	rs				
	(Election required—see instructions)					
С	Treated as distributions out of corpus (Elect	ion				
	required—see instructions) .					
d	Applied to 2012 distributable amount					709
	Remaining amount distributed out of corpus		3,107			
5	Excess distributions carryover applied to 20					
	(If an amount appears in column (d), the					
	same amount must be shown in column (a,	))				
6	Enter the net total of each column as					
	indicated below:					
а	Corpus Add lines 3f, 4c, and 4e Subtract li	ne 5	38,583	:		
b	Prior years' undistributed income Subtract					
	line 4b from line 2b .			0		
С	Enter the amount of prior years' undistribute	ed				
	income for which a notice of deficiency has					
	been issued, or on which the section 4942(a	a)				
	tax has been previously assessed					
d	Subtract line 6c from line 6b Taxable					
	amount—see instructions .	·  -				<del></del>
е		•				
	4a from line 2a Taxable amount—see					
	instructions .	-			0	
f	Undistributed income for 2012 Subtract	.		;		
	lines 4d and 5 from line 1. This amount mus	<sup>5t</sup>				C
7	be distributed in 2013 .	•  -				
,	Amounts treated as distributions out of	Ì				
	corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see insti	ructions)		:		
8	Excess distributions carryover from 2007	uctions)				
Ū	not applied on line 5 or line 7 (see instruction	ne)	1,662			
9	Excess distributions carryover to 2013.	···· <i>·</i>	1,002			
3	Subtract lines 7 and 8 from line 6a .		36,921			
10	Analysis of line 9	·  -	50,521			<del></del>
	Excess from 2008	9,710				
d h	Excess from 2009	7,976				
ר ח	Excess from 2010	7,375				
d		8,773				
u a	Excess from 2012	3 107				

Form	990-PF (2012) ROBERT W HEMELGARN N	MEMORIAL FOUN	IDATION		93-121	
Par	t XIV Private Operating Foundations (	see instructions	and Part VII-A	, question 9)		N/A
1 a	If the foundation has received a ruling or determination, and the ruling is effective for 2012, enti-			. ▶		
b	Check box to indicate whether the foundation is a j	private operating fou	indation described	in section	4942(j)(3) oi	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) 2012	(b) 2011	(c) 2010	(d) 2009	(e) Total
	year listed					0
b	85% of line 2a .					0
С	Qualifying distributions from Part XII, line 4 for each year listed					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
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	7 , .				0
С	"Support" alternative test—enter				-	
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					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 (Co			undation had \$5	,000 or more in	
	assets at any time during the ye		ctions.)			
	Information Regarding Foundation Manage List any managers of the foundation who have cor before the close of any tax year (but only if they have	ntributed more than 2	2% of the total cont e than \$5,000) (Sec	ributions received by e e section 507(d)(2))	the foundation	
NO	N⊏ List any managers of the foundation who own 10%	6 or more of the stoo	k of a corporation (	or an equally large po	ertion of the	
NO	ownership of a partnership or other entity) of which					
2	Information Regarding Contribution, Grant	. Gift, Loan. Scho	larship, etc Pro	grams:		<del></del>
-	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	es not accept inizations under	
a	The name, address, and telephone number or e-m	nail of the person to	whom applications	should be addressed		
b	The form in which applications should be submitte	d and information ai	nd materials they sh	nould include		
c	Any submission deadlines					
d	Any restrictions or limitations on awards, such as l	by geographical are	as, charitable fields	, kınds of ınstitutions,	or other	

Part XV Supplementary Information (continued)

Grants and Contributions Paid During the Year or Approved for Future Payment

3 Grants and Contributions Paid During the Year or Approved for Future Payment									
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount					
Name and address (home or business)	or substantial contributor	recipient							
a Paid during the year MONROE COMMUNITY COLLEGE	NONE	COLLEGE	SCHOLARSHIPS	500					
MI IDA VARSITY FOOTBALL	NONE	SCHOOL	DONATION	400					
MI MASON CONSOLIDATED SCHOOL DIST	NONE	SCHOOL	DONATION	150					
MI MONROE COUNTY	NONE	COUNTY GOVT	DONATION	75					
MI BOY SCOUTS OF AMERICA	NONE	501(c)(3)	DONATION	1,000					
MI ST JOSEPH SCHOOL	NONE	SCHOOL	DONATION	500					
MI UNIVERSITY OF TOLEDO	NONE	COLLEGE	SCHOLARSHIPS	500					
OH MERCY COLLEGE	NONE	COLLEGE	SCHOLARSHIPS	500					
МІ									
Total			<b>▶</b> 3a	3,625					
b Approved for future payment	1	r	<u>▶ 3a</u>	3,025					
Total			▶ 3b						
				5 000 DE (0040)					

Enter gros	ss amounts unless otherwise indicated	Unrelated bus	siness income	Excluded by section	n 512, 513, or 514	(e)
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
1 Progra	m service revenue			·		(GGG IIIGUGGGIGI)
a			<u> </u>			
		.				
c					<u> </u>	<del></del>
d						
				ļ		
f						
_	es and contracts from government agencies .					
2 Member	ership dues and assessments					
3 Interes	st on savings and temporary cash investments					
4 Dividei	nds and interest from securities					
5 Net rer	ntal income or (loss) from real estate.	亲一切""	St. 2 1 1 12	, in		
<b>a</b> De	bt-financed property					
b No	t debt-financed property					
6 Net rer	ntal income or (loss) from personal property					
7 Other	investment income					
8 Gain o	r (loss) from sales of assets other than inventory					
9 Net ind	come or (loss) from special events .					
	profit or (loss) from sales of inventory .					
11 Other	revenue a					
_						
d						
e						
	al Add columns (b), (d), and (e)	`,	0		0	
13 Total.	Add line 12, columns (b), (d), and (e)		0		13	0
13 Total. (See works	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations)					
13 Total. (See works Part XV	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations )  -B Relationship of Activities to the Ac	complishment	of Exempt P	urposes	13	
13 Total. (See works Part XV Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations )  B Relationship of Activities to the Activities to the Activity for which income	complishment	of Exempt P	urposes VI-A contributed in	13	0
13 Total. (See works Part XV	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations )  -B Relationship of Activities to the Ac	complishment e is reported in coll purposes (other tha	of Exempt P	urposes VI-A contributed in	13	0
13 Total. (See works Part XV Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations )  B Relationship of Activities to the Activities to the Activity for which income	complishment	of Exempt P	urposes VI-A contributed in	13	0
13 Total. (See works Part XV Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations )  B Relationship of Activities to the Activities to the Activity for which income	complishment e is reported in coll purposes (other tha	of Exempt P	urposes VI-A contributed in	13	0
13 Total. (See works Part XV Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations )  B Relationship of Activities to the Activities to the Activity for which income	complishment e is reported in coll purposes (other tha	of Exempt P	urposes VI-A contributed in	13	0
13 Total. (See works Part XV Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations )  B Relationship of Activities to the Activities to the Activity for which income	complishment e is reported in coll purposes (other tha	of Exempt P	urposes VI-A contributed in	13	0
13 Total. (See works Part XV Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations )  B Relationship of Activities to the Activities to the Activity for which income	complishment e is reported in coll purposes (other tha	of Exempt P	urposes VI-A contributed in	13	0
13 Total. (See works Part XV Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations )  B Relationship of Activities to the Activities to the Activity for which income	complishment e is reported in coll purposes (other tha	of Exempt P	urposes VI-A contributed in	13	0
13 Total. (See works Part XV Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations )  B Relationship of Activities to the Activities to the Activity for which income	complishment e is reported in coll purposes (other tha	of Exempt P	urposes VI-A contributed in	13	0
13 Total. (See works Part XV Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations )  B Relationship of Activities to the Activities to the Activity for which income	complishment e is reported in coll purposes (other tha	of Exempt P	urposes VI-A contributed in	13	0
13 Total. (See works Part XV Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations )  B Relationship of Activities to the Activities to the Activity for which income	complishment e is reported in coll purposes (other tha	of Exempt P	urposes VI-A contributed in	13	0
13 Total. (See works Part XV Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations )  B Relationship of Activities to the Activities to the Activity for which income	complishment e is reported in coll purposes (other tha	of Exempt P	urposes VI-A contributed in	13	0
13 Total. (See works Part XV Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations )  B Relationship of Activities to the Activities to the Activity for which income	complishment e is reported in coll purposes (other tha	of Exempt P	urposes VI-A contributed in	13	0
13 Total. (See works Part XV Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations )  B Relationship of Activities to the Activities to the Activity for which income	complishment e is reported in coll purposes (other tha	of Exempt P	urposes VI-A contributed in	13	0
13 Total. (See works Part XV Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations )  B Relationship of Activities to the Activities to the Activity for which income	complishment e is reported in coll purposes (other tha	of Exempt P	urposes VI-A contributed in	13	0
13 Total. (See works Part XV Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations )  B Relationship of Activities to the Activities to the Activity for which income	complishment e is reported in coll purposes (other tha	of Exempt P	urposes VI-A contributed in	13	0
13 Total. (See works Part XV Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations )  B Relationship of Activities to the Activities to the Activity for which income	complishment e is reported in coll purposes (other tha	of Exempt P	urposes VI-A contributed in	13	0
13 Total. (See works Part XV Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations )  B Relationship of Activities to the Activities to the Activity for which income	complishment e is reported in coll purposes (other tha	of Exempt P	urposes VI-A contributed in	13	0
13 Total. (See works Part XV Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations )  B Relationship of Activities to the Activities to the Activity for which income	complishment e is reported in coll purposes (other tha	of Exempt P	urposes VI-A contributed in	13	0
13 Total. (See works Part XV Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations )  B Relationship of Activities to the Activities to the Activity for which income	complishment e is reported in coll purposes (other tha	of Exempt P	urposes VI-A contributed in	13	0
13 Total. (See works Part XV Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations )  B Relationship of Activities to the Activities to the Activity for which income	complishment e is reported in coll purposes (other tha	of Exempt P	urposes VI-A contributed in	13	0
13 Total. (See works Part XV Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations )  B Relationship of Activities to the Activities to the Activity for which income	complishment e is reported in colu purposes (other tha	of Exempt P	urposes VI-A contributed in	13	0
13 Total. (See works Part XV Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations )  B Relationship of Activities to the Activities to the Activity for which income	complishment e is reported in colu purposes (other tha	of Exempt P	urposes VI-A contributed in	13	0
13 Total. (See works Part XV Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations )  B Relationship of Activities to the Activities to the Activity for which income	complishment e is reported in colu purposes (other tha	of Exempt P	urposes VI-A contributed in	13	0

93-12	16	87	11	Page	13
	_	_			

Pa	rt XVII	Information Regarding	Transfers	To and	Transaction	ons and	Relation	nships	With N	loncharit	table		
		<b>Exempt Organizations</b>	<b>.</b>										
1	Did the	organization directly or indire	ectly engage in	any of th	he following	with any	other org	ganızatıon	describ	ped		Yes	No

	in sectio organiza	on 501(c) of the Code ations?	(other than se	ection 501(c)(3) o	rganizations) or	ın sectio	on 527, relating to	political			
а	Transfer	s from the reporting f	foundation to	a noncharitable e	xempt organizat	on of			10(1)		
	(1) Cash						1a(1) 1a(2)		X		
h	(2) Other assets b Other transactions						14(2)				
~		es of assets to a nonc	charitable exe	mpt organization					1b(1)		
		chases of assets from			nization				1b(2)		X
		ital of facilities, equip							1b(3)		X
		mbursement arranger							1b(4)		X
	(5) Loa	ns or loan guarantee:	S.						1b(5)		X
		formance of services							1b(6)		X
С	Sharing	of facilities, equipme	nt, mailing list	s, other assets, o	r paid employee	s			1c		_X_
d	value of	swer to any of the ab the goods, other ass any transaction or sh	ets, or service	es given by the re	porting foundate	on If the	foundation receive	ved less than fa	ır marke	et ed	
(a) l	.ine no	(b) Amount involved	(c) Name	of nonchantable exem	pt organization	(d) D	escription of transfers,	transactions, and sh	aring arra	ngeme	nts
		<del></del>				1					
						<del>-</del>					
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	describe	oundation directly or in ed in section 501(c) o	f the Code (ot	ted with, or relate	ed to, one or mor 501(c)(3)) or in s	e tax-ex ection 5	empt organization 27?		res 🔲	No	
b	If "Yes,"	complete the following	ng schedule		<del></del> .			_			
		(a) Name of organization		(b) Typ	e of organization		(c)	Description of relation	nship		
		<del></del>		<del>                                     </del>			<del> </del>				
		m'									
				<u> </u>				- <u>-</u>			
	Und	ler penalties of penjury, I declare	that I have examined	this return, including accon	npanying schedules and	statements,	and to the best of my know	ledge and belief, it is true	<del></del> e,		
e:	corr	ect, and complete Departation o					·				
Si	- I.			././				May the IRS of with the prepare			
не	re 🕨	://68/1/		16/18/2013 Desilor T			7	instructions)?			No
	, re	ignerate of officer or trustee		Date Title							
D -		ennt/Type preparer's na	ame	Preparer's signature	$k \subset \mathcal{A}$	$\supset$	Date	Check X if	PTIN		
Pa		ROGER DIBB		1700	THE PER	$\supset$	6/18/2013	self-employed	  P00014	4275	
	parer	Det CDA DA			Firm's EIN ► 06-1091227						
US	e Only			S, Salt Lake City, U	JT 84117				-278-24		
						DE					

#### 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

2012

**Employer identification number** 

ROBERT W HEMELGARN M	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 <b>not</b> treated as a private found	ation		
	527 political organization			
Form 990-PF	X 501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundation	1		
	501(c)(3) taxable private foundation			
, ,	overed by the <b>General Rule</b> or a <b>Special Rule.</b> ), (8), or (10) organization can check boxes for both the General Rule and a	a Special Rule See		
General Rule				
	ing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or e contributor. Complete Parts I and II	more (in money or		
Special Rules				
For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II				
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III				
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.				
	is not covered by the General Rule and/or the Special Rules does not file s st answer "No" on Part IV, line 2 of its Form 990, or check the box on line F			

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
ROBERT W HEMELGARN MEMORIAL FOUNDATION

Employer identification number 93-1216871

Part I	Contributors (see instructions) Use duplicate copie	es of Part I if additional space is r	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	VARIOUS SEE ATTACHED SCHEDULE Foreign State or Province N/A Foreign Country	\$8,424	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province Foreign Country.	\$	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
	Foreign State or Province Foreign Country	\$	Person Payroll Oncash (Complete Part II if there is a noncash contribution )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province Foreign Country	\$	Person Payroll Oncash (Complete Part II if there is a noncash contribution )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province Foreign Country	\$	Person Payroll Oncash (Complete Part II if there is a noncash contribution )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province Foreign Country	\$	Person Payroll Oncash (Complete Part II if there is a noncash contribution )

Name of organization
ROBERT W HEMELGARN MEMORIAL FOUNDATION

Employer identification number 93-1216871

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is need				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		\$		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		\$		

Name of or	gånization V HEMELGARN MEMORIAL FOUNDATION				Employer identification number 93-1216871		
Part III	Exclusively religious, charitable, etc., in	dividual contri	butions to section	501(c)(7), (			
	total more than \$1,000 for the year. Com						
	For organizations completing Part III, enter	the total of exci	lusively religious, ch	arıtable, etc			
	contributions of \$1,000 or less for the year	•		nstructions	) ▶ \$ 8,424		
	Use duplicate copies of Part III if additional	space is neede	<u>d</u>				
(a) No. from	(b) Purpose of gift	(c)	Use of gift	(d)	Description of how gift is held		
Part I	(b) i dipose oi giit			(-,			
	(e) Transfer of gift						
		(0)	and the general section of the secti				
	Transferee's name, address, and 2	ZIP + 4	Relationship of transferor to transferee				
(a) No.	For Prov Country						
from	(b) Purpose of gift	(c)	Use of gift	(d)	Description of how gift is held		
Part I					<del></del>		
		(e) Tr	ansfer of gift				
	Transferee's name, address, and a	<u>ZIP + 4</u>	Relation	onship of ti	ransferor to transferee		
	For Prov Country						
(a) No. from	(b) Purpose of gift	(c)	Use of gift	(4)	Description of how gift is held		
Part I	(b) Fulpose of gift	(0)		, (u)			
		(e) Tr	ansfer of gift		· · · · · · · · · · · · · · · · · · ·		
	(e) Italisiei oi giit						
	Transferee's name, address, and a	ZIP + 4	Relatio	nship of t	ransferor to transferee		
	For Prov. Country						
(a) No.	For Prov Country		<del></del>		•		
from Part I	(b) Purpose of gift	(c)	Use of gift	(d)	Description of how gift is held		
raiti			<del></del>	i			
	(e) Transfer of gift						
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
	Transferee's name, address, and a	LIF 7 4	Relatio	niship of th	ansieror to transferee		
	For Prov Country						

Name, address, zip	Total Amount
Angelo & Diana Frole 8835 Patterson Rd	700
Hilliard, OH 43026-8431	
Patrick & Julie Boyle 7108 Willowwyck	100
Maumee, OH 43537	
Harold Jackson 4606 Alamance	420
Baytown, TX 77521	
Paul J Steinman	50
9111 Forestview Temperance, MI 48182	
Carlos & Evon Herrera	50
2027 Creston Dr Erie, MI 48133	
·	100
James J. Kozlowski 8362 Aberdeen Drive	100
Lambertville, MI 48144	
Rhonda Hemelgarn 2724 W. Stein Road	1,000
LaSalle, MI 48145	
Derek & Tracy Bowman	40
3588 Kelly road laSalle MI 48145	
Randel Huber	50
4543 Dix Luna Pier, MI 48157	
Local Union #8	200
807 Lime City Road Rossford, OH 43460-1693	
Karen & William Declercq	50
2193 Castlewood	30
Toledo, OH 43613	
A.A. Boos & Sons, Inc 2015 Pickle Road	100
Oregon, OH 43616	
Curtis Construction Company, LLC 1982 Lotus Drive	100
Erie, MI 48133	

PAGE TOTAL \$ 2,960.00

Name, address, zip	•	Total Amount
Devos Excavating, L 12110 S. Dixie Hwy Lasalle, MI 48145	LC/ David Devos	260
RMF Nooter, Inc. 915 Matzinger Road Toledo, OH 43612		250
Erie Mason Touchdo P.O. Box 42 Erie, MI 48133	owners	50
Jeremy Joyner 11307 Grant St Luna Pier, MI 48157	,	50
Dale & Carol Morin 1805 E. Temperance Erie, MI 48133	e Road	50
Leigh A Russow 1388 Laurelhurst Temperance MI 481	82	50
Rodney & Thelma Ja 4076 Mc Collum Lak Curran, MI 48728		325
Kelly & James Begle 1668 E Stockwel Rd Harrison, MI	у	50
Valerie & Jeff Pauli 8339 Jam CT Temperance, Mi 48	182	50
David & Cynthia Wel 2960 E State Street Fremont, OH 43420	_	50
Cooper Alliance LLC 4375 Stonewood CT Rochester, MI 4830	В	50
Erie Restaurant & Ba 9788 S. Dixie Hwy Erie, MI 48133	ar, Inc.	50
Cutting Edge Counte 1300 Flagship Dr Perrysburg, OH 435	·	50
	PAGE TOTAL	1,335

Name, address, zip Mason Bus Drivers 2400 Mason Eagle Dr Erie, MI 48133	Total Amount 75
Andrew Brown 4161 Clegg Rd. Lambertville, MI 48144	2,002.37
Christina & Patrick Miller 345 Hoblier Ave Lucky, OH 43443	50
Nelson Excavating, Inc. 2727 E. Substation road Erie, MI 48133	50
Dennis & Mary Stark 2044 Creston Drive Erie, MI 48133	446
Sandra Ann & Gary Jacobs 133 Maple Leaf Cir Maggie Valley, NC 28751	24
Penny & Terry Jacobs 11600 Laird Rd. Brooklyn, MI 49230	48
Earl & Margaret Cousino 9660 Summit St Erie, MI 48133-9513	50
Kris & Diane Cousino 9911 Lordin Drive Erie, MI 48133	50
Robert & Martha Green 816 Shore Dr Fostoria, OH 44830	100
Lorran & Eric Upchurch 1472 Crestwood Rd Toledo, OH 43612	100
Knights of Columbus- St Joseph Council 9758 S. Dixie Hwy Erie, MI 48133	100
Virginia M. Wernet 10695 Yost Rd Pittsford, MI 49271	100
PAGE TOTAL	3,195

Robert W. Hemelgarn Found	ation
Contributors for year 2012	
Name, address, zip	Total
Buckeye Wolverine Golf	
8659 Jackman Rd	

remperance, MI 48182	
James Steel & Tube	50
29774 Stephenson Highway	
Madison Hats, MI 48071	

Amount 50

Robert C Layman O.D.	50
3309 Quail Hollow Drive, Suite E	
Lambertville, MI 48144	

Erie Welding & Mechanical Contractors	50
9776 S. Dixie Hwy	
Erie, MI 48133-0254	

Tamaracks Operating Company LLC	50
8900 North Clare Avenue	
Harrison, MI 48625	

Benore Logistic Systems, Inc.	50
P.O. Box 853	
Erie, MI 48133	

SchoolHouse Lunchroom	50
8336 Monroe Rd	
lambertville MI 48144	

Dynics Inc.	50
620 Technology Dr	
Ann Arbor, MI 48108	

James & Kathleen Faulkner	100
2206 Grantwood Dr.	
Toledo, OH 43613	

Erie Fire-Fighters, Inc.	50
Erie, MI 48133	

Kelly & Chad Cilley	50
70 Cambridge Dr.	
Springboro, OH 45066	

Scott & Debra Mccain	24
3603 Wells Road	
Petersburg, MI 49270-9537	

Ralph Steinman	160
3376 North Key Drive #D4	
North Fort Myers, FL 33903	

PAGE TOTAL	784

GRAND TOTAL

Name, address, zip John & Erin Figmaka	Total Amount 75
3231 Rocksberry Ave. Toledo, OH 43614-5347	
Cooley, Hehl, Wohlgamuth & Carlton One South Monroe St Monroe, MI 48161	50
Sharon & Gregory Steinmetz 6065 Rollins Drive Nashport, OH 43830	25
PAGE TOTAL	150.00

8,424.37

Part I, Line 16a (990-PF) - Legal Fees

	0	0	<u> </u>	0
	Revenue and Expenses per	Net Investment	Adjusted Net	Disbursements for Charitable Purposes
Description	Books	Income	Income	(Cash Basis Only)
1 THOMAS KLC ESQ				

Part I, Line 16b (990-PF) - Accounting Fees

		787	630	0	0 157	
	Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes (Cash Basis Only)	
1	RA DIBB, CPA	575	460		115	
2	SPECIALTY SERVICES	212	170		42	

Part I, Line 18 (990-PF) - Taxes

		0	0	(	0
	Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
1					
2					
3					

Part I, Line 23 (990-PF) - Other Expenses

	173 139					
	Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income		
1	Fund Raising					
2	OFFICE EXPENSE	8	6			
3	ADVERTISING	165	133			

### Part I, Line 23 (990-PF) - Other Expenses

	34
	Disbursements
	for Charitable
	Purposes
1	
2	2
3	32

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tion of Officers. Directors. Trustees and Foundation
of Officers. D
reation of (
Part VIII, Line 1 (990-PF) - Compensatior
(990-PF
Line 1
Part VIII,

ļ										0	٦	
		Check "X"							Avg Hrs			Expense
	Name	if Business	Street	Crty	State	Zip Code	Foreign Country	順	Per Week	Compensation	Benefits	Account
	RONALD HEMELGARN							PRES	MINIMAL			•
L	HELEN HEMELGARN							M	MINIMAL			
<u>L</u> .	RHONDA HEMELGARN							SEC	MINIMAL	-		
<u> </u>	AMY HEMELGARN							TREAS	TREAS MINIMAL			

### Form 8868

(Rev January 2013)

Department of the Treasury

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

File a separate application for each return.

OMB No 1545-1709

<ul> <li>If you are</li> </ul>	filing for an Automatic 3-Month Extension filing for an Additional (Not Automatic) 3-plete Part II unless you have already been	Month Ex	tension, complete only Part II (on			<b>▶ _</b>		
a corporation 8868 to requ Return for Tr	ling (e-file). You can electronically file Form required to file Form 990-T), or an addition est an extension of time to file any of the for ansfers Associated With Certain Personal E For more details on the electronic filing of	nal (not aut rms listed i Benefit Cor	tomatic) 3-month extension of time ` in Part I or Part II with the exception itracts, which must be sent to the IR	You can electro of Form 8870, I S in paper form	nically file Informational (see	e Form on		
Part I	Automatic 3-Month Extension of 1							
-	າ required to file Form 990-T and requestinຸ	g an autom	atic 6-month extension—check this	box and comple	ete	. —		
Part I only						_ ▶ 🗀		
	porations (including 1120-C filers), partners	hips, REMI	Cs, and trusts must use Form 7004	to request an e.	xtension	of		
time to file in	come tax returns				_			
_	N. Citation and Ci			Employer identific				
Type or	Name of exempt organization or other filer, see			. ,	ation numb	er (EIN) or		
print         ROBERT W HEMELGARN MEMORIAL FOUNDATION         93-1216871           File by the         Number, street, and room or suite no. If a PO box, see instructions         Social security number (SSN)						CCNI)		
File by the due date for		DOX, SEE III	structions	Social Security	number (	33I <b>V</b> )		
filing your	4725 SOUTH HOLLADAY BLVD, #210  City, town or post office, state, and ZIP code F	or a foreign	address see instructions					
return See instructions	SALT LAKE CITY	or a loreign	address, see mandenons	UT	84117			
		<del></del>	-		0-1111			
Enter the Return code for the return that this application is for (file a separate application for each return)  04								
Application		Return	Application			Return		
ls For		Code	Is For			Code		
Form 990 o	Form 990-EZ	01	Form 990-T (corporation)			07		
Form 990-B		02	Form 1041-A			08		
Form 4720		03	Form 4720			09		
Form 990-P	<del></del>	04	Form 5227			10		
Form 990-T (sec 401(a) or 408(a) trust) 05 Form 6069						11		
Form 990-T	(trust other than above)	06	Form 8870			12		
Telephon	es are in the care of SERVICE SPECIA  e No (801) 272-5214  anization does not have an office or place of		FAX No ▶  In the United States, check this box			▶ □		
• If this is f	or a Group Return, enter the organization's	four digit G	Group Exemption Number (GEN)		If	this is		
for the whole	e group, check this box	If it is for p	art of the group, check this box		<b>▶</b>	nd attach a		
list with the r	names and EINs of all members the extensi	on is for						
untıl	he organization's return for		required to file Form 990-T) extension		The exte	nsion		
▶ [***	tax year beginning		, and ending					
2 If the c	tax year entered in line 1 is for less than 12		—· · · · · · · · · · · · · · · · · · ·	Final ref	יוויה			
_	nange in accounting period	montris, ci	meck reason midal return	Fillal le	uiri			
3a If this	application is for Form 990-BL, 990-PF, 990	)-T, 4720, d	or 6069, enter the tentative tax, less	any				
nonre	fundable credits See instructions			_	a \$	0		
	application is for Form 990-PF, 990-T, 4720					_		
estima	ated tax payments made Include any prior	year overp	ayment allowed as a credit		b \$	0		
	ce due. Subtract line 3b from line 3a Inclu					_		
	S (Electronic Federal Tax Payment System				c   \$	0		
Caution. If yo	ou are going to make an electronic fund withdra	wai with this	Form 8868, see Form 8453-EO and Fo	orm 88/9-EO for J	payment if	istructions		