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Form 990-PF

Return of Private Foundation

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

OMB No 1545-0052 2013

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public. ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

Open to Public Inspection

For	calen	dar year 2013 or tax year beginning		3, and ending	9		, 20
Na	me of	foundation	-		A Employer	identification number	
RC	BER!	r & Helen Remick CH FOUNDATION			41-1950)527	
		and street (or P O box number if mail is not delivered to street address)		Room/suite	B Telephone	number (see instructions))
PC	ВО	X 123.			(507)27	74-6171	
Cıt	y or to	wn, state or province, country, and ZIP or foreign postal code			C If exempt	ion application is pending,	check here
LA	KEF:	IELD, MN 56150			· ·	,, ,	
G C	heck	all that apply: Initial return Initial return	of a former public c	hanty	D 1. Foreig	n organizations, check her	re ▶
		Final return Amended ret	turn				- 050/ 11
		Address change Name chang	e		2. Foreigi check	n organizations meeting th here and attach computati	le 85% test,
H C	heck	type of organization: X Section 501(c)(3) exempt privi	ate foundation			foundation status was term	
		· — F3	axable private foun	dation		07(b)(1)(A), check here	
L F		rket value of all assets at J Accounting method	X Cash	Accrual	E If the four	ndation is in a 60-month te	rmination —
		year (from Part II, col (c), Other (specify)				ction 507(b)(1)(B), check h	
	ne 16)		e on cash basis.)				_
	rt I			.			(d) Disbursements
<u> </u>	<u> </u>	amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue and expenses per	(b) Net	investment	(c) Adjusted net	for charitable
		the amounts in column (a) (see instructions))	books	ın	come	income	purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)				:	
	2	Check X If the foundation is not required to attach Sch B					
	3	Interest on savings and temporary cash investments					
	4	Dividends and interest from securities	205,3	151	205,351		
- 1	-	Gross rents	20373	-			
	5a					Alman	
	b	Net rental income or (loss)	730,8	01 #*****			
ne l	6a	Net gain or (loss) from sale of assets not on line 10	730,6			7()	
Revenue	ь	Gross sales price for all assets on line 6a 1,357,859		<u>- € - </u>	4736,881	1014 181	
ا <u>د</u>	7	Capital gain net income (from Part IV, line 2)		1 1	730,001		
<u> </u>	8	Net short-term capital gain	,,,,,,,	1 77	1 100 000 c	<u> </u>	
	9	Income modifications					
	10a	Gross sales less returns and allowances			***************************************		
	b	Less: Cost of goods sold			,		
	С	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)	036.6	22	026 222		
\dashv	12	Total. Add lines 1 through 11	936,2		936,232		12,250
	13	Compensation of officers, directors, trustees, etc	37,2	150	25,000		12,250
enses	14	Other employee salaries and wages					
ë	15	Pension plans, employee benefits		\	20.030		10 210
Exp	16a	Legal fees (attach schedule) STM107	41,2		30,938		10,312
	b	Accounting fees (attach schedule) STM108	3,6		2,700		900
Administrative	С	Other professional fees (attach schedule) STM109	28,9	990	28,990		
tra	17	Interest			7 054		
nis	18	Taxes (attach schedule) (see instructions) STM110	14,8	355	1,054		
盲	19	Depreciation (attach schedule) and depletion					<u> </u>
Ad	20	Occupancy					
	21	Travel, conferences, and meetings					
	22	Printing and publications					
ing.	23	Other expenses (attach schedule) STM103	2	273	248		25
perating	24	Total operating and administrative expenses.					
be		Add lines 13 through 23	126,2		88,930		23,487
_	25	Contributions, gifts, grants paid	551,5	25	······································		551,525
	26	Total expenses and disbursements. Add lines 24 and 25 .	677,7	43	88,930		575,012
	27	Subtract line 26 from line 12:		1	•		
}	а	Excess of revenue over expenses and disbursements .	258,4	189	<u></u>		
ł	b	Net investment income (if negative, enter -0-)	,		847,302		
1	С	Adjusted net income (if negative, enter -0-)				0	

D.	art II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End of	year
	41 L 31	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	50	50	50
	2	Savings and temporary cash investments	420,147	618,030	618,030
	3	Accounts receivable ▶			
		Less: allowance for doubtful accounts	1	ĺ	
	4	Pledges receivable >			······································
	~	Less: allowance for doubtful accounts	Ī		
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	"				
	_	disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule)			
w	_	Less: allowance for doubtful accounts			
Assets	8	Inventories for sale or use			
SS	9	Prepaid expenses and deferred charges			
_	Iva	Investments - U.S. and state government obligations (attach schedule)			
	1	Investments - corporate stock (attach schedule)			
	С	Investments - corporate bonds (attach schedule)		······	
	11	Investments - land, buildings, and equipment basis	‡		
	ŀ	Less accumulated depreciation (attach schedule)			
	12	Investments - mortgage loans			
	13	Investments - other (attach schedule) STM118	3,036,120	3,096,726	11,083,620
	14	Land, buildings, and equipment: basis ▶	1		
	1	Less accumulated depreciation (attach schedule)			
	15	Other assets (describe ► STM120)	311	311	311
	16	Total assets (to be completed by all filers - see the			
		Instructions Also, see page 1, item I)	3,456,628	3,715,117	11,702,011
	17	Accounts payable and accrued expenses			
	18	Grants payable			
Liabilities	19	Deferred revenue			
≝	20	Loans from officers, directors, trustees, and other disqualified persons			
ap	21	Mortgages and other notes payable (attach schedule)			
⊐	22	Other liabilities (describe ▶)			
	23	Total liabilities (add lines 17 through 22)	0	0	
		Foundations that follow SFAS 117, check here · · · · · · ▶			
S		and complete lines 24 through 26 and lines 30 and 31.			
lances	24	Unrestricted			
	25	Temporanly restricted			
Net Assets or Fund Ba	26	Permanently restricted			
В		Foundations that do not follow SFAS 117, check here X			
Ξ		and complete lines 27 through 31.	1		
ō	27	Capital stock, trust principal, or current funds			
ts	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
Se	29	Retained earnings, accumulated income, endowment, or other funds	3,456,628	3,715,117	
Ä	1	Total net assets or fund balances (see instructions)	3,456,628	3,715,117	
<u>f</u> et	30	Total liabilities and net assets/fund balances (see	571507020	0,,20,02,	
~	31		3,456,628	3,715,117	
ъ.	irt III	Analysis of Changes in Net Assets or Fund Balance		37,237,227	<u></u>
		net assets or fund balances at beginning of year - Part II, column (a), line 3			
		f-year figure reported on prior year's return)			3,456,628
2	Entor	amount from Part I, line 27a		2	258,489
		increases not included in line 2 (itemize)			
		nes 1, 2, and 3			3,715,117
		eases not included in line 2 (itemize)		5	
5	Decre	net assets or fund balances at end of year (line 4 minus line 5) - Part II, col	lumn (h), line 30		3,715,117
6 EEA		net assets of fully balances at end of year fille 4 fillings line 3) - Part II, col	(b), mic 00		Form 990-PF (2013)

Part IV Capital Gains	and Losses for Tax on Inves	stment incom	<u> </u>	 	· · · · · · · · · · · · · · · · · · ·	
	be the kınd(s) of property sold (e g , real es ehouse, or common stock, 200 shs MLC C		(b) How acquired P-Purchase D-Donation	(c) Date acquired (yr, mo, day)	(d) Date sold (yr , mo , day)	
1a See STM~134						
b						
С			ļ			
d						
_ е						
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or o	other basis nse of sale		ain or (loss) (f) minus (g)	
a 1,358,439		<u> </u>	627,558_		730,881	
b			· · · · · · · · · · · · · · · · · · ·			
С						
d						
Ө						
Complete only for assets show	ving gain in column (h) and owned by t	he foundation on 1	12/31/69	(I) Gains (C	ol (h) gain minus	
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess over col. (col (k), but no	ot less than -0-) or from col (h))	
a					730,881	
b					-	
С						
d						
е						
2 Capital gain net income or (ne	t constal lace)	enter in Part I, line ter -0- in Part I, line	> 1	2	730,881	
3 Net short-term capital gain or (loss) as defined in sections 1222(5) ar		,		7307001	
	8, column (c) (see instructions). If (los					
		•	}	3	(4,968)	
	nder Section 4940(e) for Rec				(-//	
If section 4940(d)(2) applies, leave	ate foundations subject to the section 4 this part blank. ection 4942 tax on the distributable amualify under section 4940(e). Do not co	ount of any year ir			Yes X No	
1 Enter the appropriate amount i	n each column for each year; see the	instructions before	making any entri	es.		
(a) Base period years Calendar year (or tax year beginnin	(b) Adjusted qualifying distributions	Net value of r	(c) noncharitable-use as	Sets (d) Distribution ratio (col (b) divided by col (c))		
2012	514,16	54	11,316,1	.92 0	.045436	
2011	515,91		9,489,1		.054369	
2010	340,39	0	7,629,8	25 0	.044613	
2009	1,426,67	2	6,127,1	.68 0	.232844	
2008	380,73	2	8,210,0	70 0	.046374	
2 Total of line 1, column (d)				. 2 0	.423636	
•	e 5-year base period - divide the total on the form that he form that be then 5 years.	-	-	. 3 0	.084727	
4 Enter the net value of nonchari	table-use assets for 2013 from Part X,	line 5		. 4	11,748,750	
5 Multiply line 4 by line 3				. 5	995,436	
6 Enter 1% of net investment inc	ome (1% of Part I, line 27b)			. 6	8,473	
7 Add lines 5 and 6				. 7	1,003,909	
8 Enter qualifying distributions fro	om Part XII, line 4			. 8	575,012	
	an line 7, check the box in Part VI, line			<u> </u>		

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ra	t VI Excise Tax Based on Investment income (Section 4940(a), 4940(b), 4940(e), or 4940 - See inst	ucu	ווכוונ	
1a				
	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		16	,946
	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			-0
3	Add lines 1 and 2		16	,946
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			- 0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		16	,946
6	Credits/Payments:			
а	2013 estimated tax payments and 2012 overpayment credited to 2013 6a 11,360			
b	Exempt foreign organizations - tax withheld at source			
С	Tax paid with application for extension of time to file (Form 8868) 6c			
d	Backup withholding erroneously withheld			
7	Total credits and payments. Add lines 6a through 6d		11	,360
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		5	<u>,586</u>
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	-		
11	Enter the amount of line 10 to be: Credited to 2014 estimated tax ▶ Refunded ▶ 11			
Pa	t VII-A Statements Regarding Activities	Ţ	V	L N =
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	4-	Yes	No X
	participate or intervene in any political campaign?	1a		
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see	4.		$ _{\mathbf{x}}$
	instructions for the definition)?	1b		<u> </u>
	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.			v
С	Did the foundation file Form 1120-POL for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation. > \$ (2) On foundation managers > \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers. \$		ŧ	v
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
	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			v
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b	-	х
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		<u> </u>
_	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	6	Ī	х
_	conflict with the state law remain in the governing instrument?	7	X	<u> </u>
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV		^_	<u> </u>
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			
	MN Vita a result IIV - II to line 7 has the foundation furnished a convert Form 000 PE to the Attorney Coneral			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	8b	х	Í
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	90	^	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or		Ī	İ
	4942(j)(5) for calendar year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes,"			x
4.5	complete Part XIV	9		├ <u>^</u>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	10		x
	names and addresses	10	I	1 47

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Pa	rt 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		X			
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)						
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X_				
	Website address ► N/A						
14	The books are in care of ▶ PATRICK K. COSTELLO Telephone no. ▶ 507-6	62-6	621				
	Located at ▶ PO BOX 123, LAKEFIELD, MN ZIP+4 ▶ 56150						
15	Section 4947(a)(1) nonexempt chantable trusts filing Form 990-PF in lieu of Form 1041-Check here			▶ □			
	and enter the amount of tax-exempt interest received or accrued during the year ▶ 15						
16	At any time during calendar year 2013, 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		X			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of						
	the foreign country	<u></u>					
Pa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No			
1a	During the year did the foundation (either directly or indirectly):						
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No						
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a						
	disqualified person?						
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No						
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No						
	(5) Transfer any income or assets to a disqualified person (or make any of either available for						
	the benefit or use of a disqualified person)? 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.) Yes X No						
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	4.					
	Section 55.494 t(d)-5 or in a current house regarding disaster assistance (see instructions):	1b					
	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	40		х			
_	were not corrected before the first day of the tax year beginning in 2013?	1c		<u> </u>			
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 2013, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2013?						
	If "Yes," list the years						
L	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)						
b	(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		Ì			
•	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here						
С							
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise						
Ja	at any time during the year?						
b	If "Yes," did it have excess business holdings in 2013 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 2013.)	3b	Ī				
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х			
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its						
_	chantable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2013?	4b		X			

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Pa	rt VII-B Statements Regarding Activiti			m 472	0 May Be	Requi	ired (continued	i)	
5a	During the year did the foundation pay or incur any ar	mount to) :						
	(1) Carry on propaganda, or otherwise attempt to infl	uence le	egislation (sect	ion 4945	(e))?		Yes X No		
	(2) Influence the outcome of any specific public elect	tion (see	section 4955)	or to ca	irry on,				
	directly or indirectly, any voter registration drive? Yes X No								
	(3) Provide a grant to an individual for travel, study, or	or other:	simılar purpose	es?			Yes X No		
	(4) Provide a grant to an organization other than a ch	nantable,	, etc., organıza	tion desc	cribed in				
	section 509(a)(1), (2), or (3), or section 4940(d)(2	?)? (see	ınstructions)				Yes X No		
	(5) Provide for any purpose other than religious, char	rıtable, s	cientific, literar	y, or edu	ıcational				
	purposes, or for the prevention of cruelty to childr	en or an	imals?				Yes X No		
b	If any answer is "Yes" to 5a(1)-(5), did any of the trans	sactions	s fail to qualify i	under the	e exceptions	describe			
	Regulations section 53.4945 or in a current notice reg	arding d	lisaster assista	nce (see	e instructions)?		5b	
	Organizations relying on a current notice regarding di	saster a	ssistance chec	k here			▶ 🗍		
С	If the answer is "Yes" to question 5a(4), does the four	ndation o	claim exemption	n from th			_		:
	because it maintained expenditure responsibility for the	ne grant?	?			N/A.	Yes No		
	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, t	o pay pr	emiums				
	on a personal benefit contract?						Yes X No		
b	Did the foundation, during the year, pay premiums, di	ectly or	indirectly, on a	persona	al benefit con	tract?		6b	1 x
	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?		Yes X No		
b	If "Yes," did the foundation receive any proceeds or hi	ave any	net income att	ributable	to the transa	ction?		7b	
Pai	t VIII Information About Officers, Dire							Emplo	ovees,
	and Contractors					•		•	•
1 L	ist all officers, directors, trustees, foundation mana	agers ar	nd their comp	ensation	ı (see instru	ctions).			
		(b) Tit	le, and average	(c) C	ompensation	(d)	Contributions to	(e) Expe	nse account,
	(a) Name and address		irs per week ted to position		not paid, nter -0-)		oyee benefit plans ferred compensation		llowances
ЈОН	D. REMICK	TRUST	EE	1			· · · · · · · · · · · · · · · · · · ·		
	FOX HOLLOW COURT SW, MN 55902		4	İ	7,000		0		0
	RYL HOLTHE RIENTS	TRUST	EE						
8645	4 510TH AVENUE, JACKSON, MN 56143		6		10,000	•	0	}	0
	L RAE NELSON	TRUST	EE			i			
334	SPRING STREET, ST PAUL, MN 55102		6		10,250		0		0
	ARD C. DAVIS	TRUST	EE						
	18TH STREET, WINDOM, MN 56101		6		10,000		0		0
	ompensation of five highest-paid employees (other	r than th	nose included	on line		uctions	. If none, enter	l	
	NONE."						,		
							(d) Contributions to		
	(a) Name and address of each employee paid more than \$50	,000	(b) Title, and hours per v		(c) Comper	sation	employee benefit plans and deferred		nse account, llowances
			devoted to pe		` ' '		compensation	Outera	lowances
NONE									
					 				
			1						
									
			l		l				
	number of other employees paid over \$50,000	· · · · ·				· · · ·			0
EEA								Form 990	-PF (2013)

41-1950527

ROBERT & HELEN REMICK CH FOUNDATION

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Part VIII Information About Officers, Directors, Trustees, Foundard Contractors (continued)	ındation Managers, Highly P	aid Employees,
3 Five highest-paid independent contractors for professional services (see ins	tructions). If none, enter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		
Total number of others receiving over \$50,000 for professional services	<u></u>	
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant state organizations and other beneficiaries served, conferences convened, research papers produced,		Expenses
1 N/A		
		0
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see insti	ructions)	·········
Describe the two largest program-related investments made by the foundation during the tax year		Amount
1 N/A		
•		
		0
2		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3		
EEA		Form 990-PF (2013)

Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, Part X see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: 1a 11,870,534 а 1b 56,820 Fair market value of all other assets (see instructions) 1c 311 1d 11,927,665 Total (add lines 1a, b, and c) Reduction claimed for blockage or other factors reported on lines 1a and 2 2 3 11,927,665 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see 178,915 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V. line 4 5 11,748,750 6 587,438 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.) 587,438 1 Minimum investment return from Part X, line 6 2a 2a Income tax for 2013. (This does not include the tax from Part VI.) b 2c 16,946 3 570,492 3 4 4 Add lines 3 and 4 5 570,492 5 6 6 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, 7 570,492 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 1a 575,012 1b Program-related investments - total from Part IX-B 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., 2 Amounts set aside for specific charitable projects that satisfy the: 3a 3b 4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 575,012 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. 5 575,012 Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

ra	It Air Undistributed income (see instit	ictions)		 _	
1	Distributable amount for 2013 from Part XI,	(a) Corpus	(b) Years pnor to 2012	(c) 2012	(d) 2013
	line 7				570,492
2	Undistributed income, if any, as of the end of 2013:		‡		-
а	Enter amount for 2012 only		`		
b	Total for prior years,,				<u> </u>
3	Excess distributions carryover, if any, to 2013.	`			
а	From 2008		1		1
b	From 2009		1		
С	From 2010				
d	From 2011				
е	From 2012				4
f	Total of lines 3a through e	1,091,687			
4	Qualifying distributions for 2013 from Part XII,	.,	1	·	1
	line 4: ▶ \$ 575,012				
а	Applied to 2012, but not more than line 2a				
b	Applied to undistributed income of prior years				1
	(Electron required - see instructions)				
C	Treated as distributions out of corpus (Election				
	required - see instructions)				<u> </u>
d	Applied to 2013 distributable amount				570,492
е	Remaining amount distributed out of corpus	4,520		ν'	•
5	Excess distributions carryover applied to 2013 .				
	(If an amount appears in column (d), the same	•	1		1
	amount must be shown in column (a).)		1		1
6	Enter the net total of each column as		1		1
	indicated below:				1
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 .	1,096,207			
b	Prior years' undistributed income. Subtract				1
	line 4b from line 2b				
C	Enter the amount of prior years' undistributed				ļ
	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
	tax has been previously assessed			····	
d	Subtract line 6c from line 6b. Taxable		ŧ		1
	amount - see instructions				
е	Undistributed income for 2012. Subtract line				
	4a from line 2a Taxable amount - see				
	instructions				
f	Undistributed income for 2013. Subtract lines		I		
	4d and 5 from line 1. This amount must be		1		
	distributed in 2014				0
7	Amounts treated as distributions out of corpus		1		Ī
	to satisfy requirements imposed by section		1		1
	170(b)(1)(F) or 4942(g)(3) (see instructions)				<u> </u>
8	Excess distributions carryover from 2008 not		1		•
	applied on line 5 or line 7 (see instructions)				<u>, </u>
9	Excess distributions carryover to 2014.		1		!
	Subtract lines 7 and 8 from line 6a	1,096,207		·····	<u> </u>
0	Analysis of line 9:	l	1	,	•
а	Excess from 2009 1,041,791		1		‡
b	Excess from 2010		1		<u> </u>
С	Excess from 2011		1		‡
d	Excess from 2012		1		•
е	Excess from 2013 4,520				<u> </u>

Pari	XIV Private Operating Four	ndations (see ins	tructions and Part	VII-A, question 9)					
1a	If the foundation has received a ruling or	determination letter tha	nt it is a private operation	ng					
	foundation, and the ruling is effective for	2013, enter the date of	the ruling		>				
ь	Check box to indicate whether the found		•	ed in section	4942(j)(3) or 4	942(j)(5)			
2a	Enter the lesser of the adjusted net		Tax year Pnor 3 years						
	income from Part I or the minimum	(a) 2013	(b) 2012	(c) 2011	(d) 2010	(e) Total			
	investment return from Part X for	(a) 2013	(0) 2012	(6) 2011	(u) 2010				
	each year listed								
b	85% of line 2a	·							
С	Qualifying distributions from Part XII, line 4 for each year listed								
đ	Amounts included in line 2c not used directly for active conduct of exempt activities .								
е	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c								
3	Complete 3a, b, or c for the								
	alternative test relied upon:								
а	"Assets" alternative test - enter: (1) Value of all assets								
	(2) Value of assets qualifying under								
ь	section 4942(j)(3)(B)(i)								
D	of minimum investment return shown in Part X, line 6 for each year listed								
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)								
	(2) Support from general public								
	and 5 or more exempt								
	organizations as provided in section 4942(j)(3)(B)(iii)								
	(3) Largest amount of support from	_							
	an exempt organization				-				
n	(4) Gross investment income XV Supplementary Informa	tion (Complete t	hic part only if th	o foundation had	d \$5,000 or more i	n accote at			
Part	any time during the yea			e iouiluation na	u \$5,000 or more	וו מססכנס מנ			
			115.)						
1	Information Regarding Foundation Ma List any managers of the foundation who		a than 20% of the total o	ontohutane racewad h	v the foundation				
а	before the close of any tax year (but only	y if they have contribute	ed more than \$5,000). ((See section 507(d)(2))				
	, , ,	•	•		•				
	NONE,								
b	List any managers of the foundation who ownership of a partnership or other entity	own 10% or more of t	he stock of a corporation	on (or an equally large	portion of the				
	ownership or a partitership or other entity	y) or winch the loundar	John Has a 10 /0 Or great	or interest.					
	NONE,								
2	Information Regarding Contribution,								
	Check here ▶ X If the foundation only	makes contributions t	o preselected charitable	e organizations and do	es not accept				
	unsolicited requests for funds If the four	idation makes gifts, gra	ants, etc. (see instruction	ons) to individuals or or	ganizations under				
	other conditions, complete items 2a, b, c								
а	The name, address, and telephone num	ber or e-mail of the per	son to whom applicatio	ns should be addresse	ed:				
					· · · · · · · · · · · · · · · · · · ·				
b	The form in which applications should be	submitted and information	ation and materials they	y should include:					
С	Any submission deadlines:								
d	Any restrictions or limitations on awards	such as by geographi	cal areas, chantable fie	elds, kinds of institution	s, or other				
-	factors:	-, 55	.,						

Part XV Supplementary Information (continued)

Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	
	any foundation manager or substantial contributor	status of recipient	contribution	Amount
Name and address (home or business) Paid during the year	Or Bubble Burner		 	
BUSINESS ARTS & RECREATION CEN			COMMUNITY ARTS &	
LO12 5TH AVENUE PO BOX 123			RECREATIONAL	
VINDOM, MN 56101	NONE	PC	EVENTS	7,00
INDOM, MN 36101	NONE		EAEMIS	7,000
CITY OF ALPHA				
PO BOX 97			PLAYGROUND	
ALPHA, MN 56111	NONE	NC	EQUIPMENT	8,00
COTTONWOOD COUNTY AGRICULTURE SOCIE				
940 4TH AVENUE, SUITE B				
VINDOM, MN 56101	NONE	PC	STAGE EQUIPMENT	5,00
INDOM, MN 56101	NONE	•	STAGE EQUIPMENT	3,00
COTTONWOOD COUNTY				
000 3RD AVENUE				
VINDOM, MN 56101	NONE	NC	SEED CAPITAL FUND	10,00
COTTONWOOD COUNTY DAC				
048 5TH AVENUE			COMPUTER	
VINDOM, MN 56101	NONE	PC	PURCHASES	5,19
TROOM, AN SOLOT	210212			0,25
COTTONWOOD COUNTY 4H				
1385 US HIGHWAY 71			AGVENTURES	
VINDOM, MN 56101	NONE	PC	PROJECT	1,55
OTTONWOOD COUNTY FAMILY SERVICES			COMMUNITY SUPPORT	
1 4TH STREET, PO BOX 9			& FOSTER CARE	
VINDOM, MN 56101	NONE	NC	PROGRAM	12,00
N TO A DEPTH WOULD				
ELIZABETH HOUSE				
PO BOX 273	******	7.0	THE SETTING OF AGO	7 50
IOUNTAIN LAKE, MN 56159	NONE	PC	LIFE SKILLS CLASS	7,50
Total			▶ 3a	
Approved for future payment				
		İ	i	

41-1950527

Part XV Supplementary Information (continued)

Part XV Supplementary Information (conti 3 Grants and Contributions Paid During th	e Year or Approve	d for Future	Payment	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	·		
a Paid during the year				
FIRST BAPTIST CHURCH				
921 HILLS AVENUE	NONE	PC	CHURCH PROGRAMS	2,000
JACKSON, MN 56143	NONE	PC	CHURCH PROGRAMS	2,000
JACKSON COUNTY CENTRAL SCHOOLS				
205 4TH AVENUE			READING PROGRAM	
LAKEFIELD, MN 56150	NONE	PC	ART SUPPLIES	39,981
JACKSON COUNTY				
PO BOX 175			YOUTH FAIR	
JACKSON, MN 56143	NONE	NC	PROGRAMS	1,700
JACKSON COUNTY DHS]		
402 WHITE ST SUITE 101, PO BOX 67				
JACKSON, MN 56143	NONE	NC	THERAPY EXPENSES	700
JORDAN PUBLIC SCHOOLS				
500 SUNSET DRIVE			ELEMENTARY GIFTED	
JORDAN, MN 55355	NONE	PC	PROGRAM	2,000
LAKE HARRIET PTA				
4030 CHOWEN AVENUE SOUTH				
MINNEAPOLIS, MN 55410	NONE	PC	MUSIC PROGRAM	1,000
MOUNTAIN LAKE PUBLIC SCHOOLS			AGRICULTRUAL	
450 12TH STREET, PO BOX 400			PROGRAMS & MUSIC	
MOUNTAIN LAKE, MN 56159	NONE	PC	DEPARTMENT	2,300
NOBLES COUNTY ART CENTER				
407 12TH STREET			COMMUNITY ARTS	
WORTHINGTON, MN 56187	NONE	PC	ACTIVITIES	2,500
WORTHINGTON, AM 3010,	110112			
Total		<u> </u>	▶ 3a	
Approved for lattice payment				
Total		<u> </u>		

Part XV Supplementary Information (continued)

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 recipient	Purpose of grant or contribution	Amount			
Name and address (home or business)	or substantial contributor	recipient					
a Paid during the year							
PRAIRIE ECOLOGY BUS CENTER							
PO BOX 429			ENVIRONMENTAL	40 500			
LAKEFIELD, MN 56150	NONE	PC	PROGRAMS	42,500			
PRAIRIE WIND FOLK MUSIC & BLUEGRASS							
1345 8TH AVENUE WINDOM, MN 56101	NONE	PC	MUSIC PERFORMANCE	2,225			
WINDOM, MN 30101	NONE	1	MODIC PERFORMANCE				
RED ROCK RIDGE ALC							
68 10TH STREET							
WINDOM, MN 56101	NONE	PC	SCHOOL PROGRAMS	75,000			
REINBOWS INC							
43341 480TH AVENUE			EQUINE THERAPY				
WINDOM, MN 56101	NONE	PC	PROGRAMS	25,000			
SANFORD HEALTH FOUNDATION							
PO BOX 5039			SPECIALITY SUMMER	_			
SIOUX FALLS, SD 57117	NONE	PC	CAMP	25,000			
SOUTHWEST CRISIS CENTER							
920 DIAGONAL ROAD PO BOX 111			YOUTH MENTORING &	40.500			
WORTHINGTON, MN 56187	NONE	PC	CRISIS PROGRAMS	49,629			
SOUTHWEST INITIATIVE FOUNDATIO		1					
15 3RD AVE NORTH							
HUTCHINSON, MN 55350	NONE	PC	GENERAL ENDOWMENT	10,000			
HOTCHINDON, IN 33330							
SOUTHWEST MINNESOTA ARTS & HUMANITI							
114 NORTH 3RD STREET, PO BOX 55							
MARSHALL, MN 56258	NONE	PC	ARTS PROGRAMS	500			
Total							
b Approved for future payment							
				:			
Total	<u> </u>		▶ 3b				

Part XV Supplementary Information (continued)

3. Grants and Contributions Paid During the Year or Approved

Recipient	3 Grants and Contributions Paid During th	e Year or Approve	ed for Future	Payment	
Name and sodress (nome of Dusiness) A Fadduring the year SOUTHWEST STAR CONCEPT SCHOOLS 124 M MININGSOTA, PO BOX 97 OKABERNA, MN 56156 SOUTHWESTERN MENTAL HEALTH CENTER 216 E LUVERNE STREET, PO BOX 686 LUVERNE, MN 56156 NOME PC HILDREN MESTERN COMMUNITY ACTION 1400 S SARATOGA STREET MARSHALL, MN 56258 WINDOM AREA CHORDHUSTLERS 26445 US HIGHMAY 14 LAMBERTON, MN 56152 NOME PC FROGRAM 2,000 MINDOM AREA SCHOOLS PO BOX C-177 WINDOM AREA SCHOOLS PO BOX C-177 WINDOM AREA HOSPITAL FOUNDATION 2150 HOSPITAL DRIVE WINDOM, NN 56101 NOME PC BOOK DISTRIBUTION 1400 17TH STREET WINDOM, NN 56101 NOME NC PC PROGRAM 2,200 MINDOM COMMUNITY EDUCATION 1400 HOSPITAL BRIEFT WINDOM, NN 56101 NOME NC PC PROGRAM 2,200 MORE PC PROGRAM 2,200 MORE PC PROGRAM 2,200 MORE PC PROGRAM 2,000 MORE PC PROGRAM	· · · · · · · · · · · · · · · · · · ·	show any relationship to any foundation manager	status of		Amount
SOUTHWEST STAR CONCEPT SCHOOLS 124 M MINISSOTA, PO BOX 97 OKABENA, MN 56161 SOUTHWESTERN MENTAL HEALTH CENTER 216 & LUVERINE SIREET, PO BOX 686 LUVERINE, MN 56156 MUSSTERN COMMUNITY ACTION 1400 S SARATOGA STREET MINISTOR AREA CHORDHUSTLERS 26445 US HIGHMAY 14 LAMBERTOM, MN 56152 WINDOM AREA CHORDHUSTLERS 26445 US HIGHMAY 14 LAMBERTOM, MN 56152 WINDOM AREA SCHOOLS PO BOX C-177 WINDOM, MN 56101 NONE PC MINISTOR AREA CHORDHOSTLERS 26445 US HIGHMAY 14 LAMBERTOM, MN 56101 NONE PC MINISTOR AREA CHORDHOSTLERS 26445 US HIGHMAY 14 LAMBERTOM, MN 56101 NONE PC MINISTOR AREA CHORDHOSTLERS 26445 US HIGHMAY 14 LAMBERTOM, MN 56101 NONE PC SCHOLARSHIP WINDOM, MN 56101 NONE PC SCHOLARSHIP PROGRAM 6,000 WINDOM ACRA HOSPITAL FOUNDATION 1400 17TH STREET WINDOM, MN 56101 NONE PC SCHOLARSHIP PROGRAM 6,000 WINDOM COMMUNITY EDUCATION 1400 17TH STREET WINDOM, MN 56101 NONE PC SCHOLARSHIP PROGRAM 2,200 WINDOM COMMUNITY EDUCATION 1400 17TH STREET NONE PC SCHOLARSHIP PROGRAM 2,200 WINDOM MN 56101 NONE PC PC PROPILE PROGRAM 2,200 PCS FOR PEOPLE PROGRAM REVOLVING LOAN 29,400	Name and address (home or business)	or substantial contributor	recipient		
1244 MININESOTA, PO BOX 97 OKABERA, MN 56161 SOUTHWESTERN MENTAL HEALTH CENTER 216 E LUVERNE STREET, PO BOX 686 LUVERNE, MN 56156 NONE PC SEXUALLY HARMFUL CHILDREN 34,364 WINDOM AREA CHORDHUSTLERS 26445 US HIGHWAY 14 LAMBERTON, MN 56152 WINDOM AREA SCHOOLS PO BOX C-177 WINDOM AREA SCHOOLS PO BOX C-177 WINDOM, NN 56101 NONE PC WINDOM AREA HOSPITAL FOUNDATION 2150 HOSPITAL DRIVE WINDOM, MN 56101 WINDOM, MN 56101 NONE PC WINDOM COMMUNITY EDUCATION 1400 ITERET WINDOM, NN 56101 NONE PC WINDOM ECONOMIC DEVELOPMENT 444 9TH STREET, PO BOX 38 WINDOM, NN 56101 NONE NONE NONE PC WINDOM COMMUNITY BUCATION 1400 ITERET, PO BOX 38 WINDOM, NN 56101 NONE NONE NONE PC WINDOM COMMUNITY BUCATION 1400 ITERET, PO BOX 38 WINDOM, NN 56101 NONE NONE NONE NONE PC WINDOM COMMUNITY BUCATION 1400 ITERET, PO BOX 38 WINDOM, NN 56101 NONE NONE NONE NONE NONE NONE NONE PC WINDOM COMMUNITY BUCATION 1400 ITERET, PO BOX 38 WINDOM, NN 56101 NONE	a Paid during the year			ļ <u>†</u>	
OKABENA, MN 56161 SOUTHWESTERN MENTAL HEALTH CENTER 216 E LUVERINE STREET, PO BOX 686 LUVERINE MN 65156 WESTERN COMMUNITY ACTION 1400 S SARATOGS STREET MARSHALL, NN 56258 WINDOM AREA CHORDHUSTLERS 26445 US HIGHWAN 14 LAMBERTON, MN 56152 WINDOM AREA SCHOOLS PO BOX 6-177 WINDOM, MN 56101 WINDOM AREA HOSPITAL FOUNDATION 2150 HOSPITAL DRIVE WINDOM, NN 56101 WINDOM COMMUNITY EDUCATION 1400 17TH STREET WINDOM, MN 56101 WINDOM COMMUNITY EDUCATION 1401 TH STREET WINDOM, MN 56101 WINDOM COMMUNITY EDUCATION 1440 9TH STREET, PO BOX 38 WINDOM MN 56101 WINDOM COMMUNITY EDUCATION 1444 9TH STREET, PO BOX 38 WINDOM, MN 56101 WONE Total Approved for future payment	SOUTHWEST STAR CONCEPT SCHOOLS			BAND	
SOUTHWESTERN MENTAL HEALTH CENTER 216 E LUVERNE STREET, PO BOX 686 LUVERNE, MN 56156 WESTERN COMMUNITY ACTION 1400 S SARATOGA STREET MARSHALL, NN 56258 WINDOM AREA CHORDRUSTLERS 26445 US HIGHWAY 14 LAMBERTON, NN 56152 WINDOM AREA SCHOOLS PO BOX C-177 WINDOM AREA HOSPITAL FOUNDATION 2150 HOSPITAL DRIVE WINDOM, NN 56101 NONE PC WINDOM, NN 56101 NONE NC WINDOM, NN 56101 NONE N	124 N MINNESOTA, PO BOX 97		}	INSTRUMENTS	
216 E LUVERNE STREET, PO BOX 696 LUVERNE, MN 56156 NONE PC SEXUALLY HARMFUL CHILDREN 34,364 WESTERN COMMUNITY ACTION 1400 S SARATGGA STREET MARSHALL, NN 56258 NONE PC PC FROGRAMS 30,000 WINDOM AREA CHORDHUSTLERS 26445 US HIGHWAY 14 LAMBERTON, NN 56152 NONE PC WINDOM AREA SCHOOLS FO BOX C-177 WINDOM, NN 56101 NONE PC WINDOM AREA HOSPITAL FOUNDATION 2150 HOSPITAL DRIVE WINDOM, NN 56101 NONE PC BOOK DISTRIBUTION 4 SUMMER THEATER WINDOM, NN 56101 NONE NONE PC SCHOLARSHIP PROGRAM 6,000 WINDOM COMMUNITY EDUCATION 1400 17TH STREET WINDOM, NN 56101 NONE NONE PC SCHOLARSHIP PROGRAM 6,000 PCS PROGRAM 2,200 WINDOM ECONOMIC DEVELOPMENT 444 5TH STREET, PO BOX 38 WINDOM, NN 56101 NONE NO NONE NO NO NO NO NO NO	OKABENA, MN 56161	NONE	PC	ART DEPT	12,298
216 E LUVERNE STREET, PO BOX 696 LUVERNE, MN 56156 NONE PC SEXUALLY HARMFUL CHILDREN 34,364 WESTERN COMMUNITY ACTION 1400 S SARATGGA STREET MARSHALL, NN 56258 NONE PC PC FROGRAMS 30,000 WINDOM AREA CHORDHUSTLERS 26445 US HIGHWAY 14 LAMBERTON, NN 56152 NONE PC WINDOM AREA SCHOOLS FO BOX C-177 WINDOM, NN 56101 NONE PC WINDOM AREA HOSPITAL FOUNDATION 2150 HOSPITAL DRIVE WINDOM, NN 56101 NONE PC BOOK DISTRIBUTION 4 SUMMER THEATER WINDOM, NN 56101 NONE NONE PC SCHOLARSHIP PROGRAM 6,000 WINDOM COMMUNITY EDUCATION 1400 17TH STREET WINDOM, NN 56101 NONE NONE PC SCHOLARSHIP PROGRAM 6,000 PCS PROGRAM 2,200 WINDOM ECONOMIC DEVELOPMENT 444 5TH STREET, PO BOX 38 WINDOM, NN 56101 NONE NO NONE NO NO NO NO NO NO					
LUVERNE, MN 56156 WESTERN COMMUNITY ACTION 1400 S SARATOGA STREET MARSHALL, MN 56258 WINDOM AREA CHORDHUSTLERS 26445 US HIGHWAY 14 LAMBERTON, MN 56152 WINDOM AREA SCHOOLS PO BOX C-177 WINDOM, NN 56101 WINDOM AREA HOSPITAL FOUNDATION 2150 HOSPITAL DRIVE WINDOM, NN 56101 WINDOM COMMUNITY EDUCATION 1400 17TH STREET WINDOM, NN 56101 WINDOM ECONOMIC DEVELOPMENT 444 5TH STREET, PO BOX 38 WINDOM, NN 56101 NONE TOTAL **NONE** **PC** **CHILDREM** **YOUTH MENTORING PROGRAM** **OUTH MUSIC PROGRAM** **NONE** **PC** **PROGRAM** **SCHOLARSHIP PROGRAM** **SUMMER THEATER PROGRAM** **POSTORIAN **SUMMER THEATER PROGRAM** **POSTORIAN **SUMMER THEATER PROGRAM** **POSTORIAN **SUMMER THEATER PROGRAM** **POSTORIAN **SUMMER THEATER PROGRAM** **POSTORIAN **P	SOUTHWESTERN MENTAL HEALTH CENTER			TRAINING TOR	
LUVERNE, MN 56156 WESTERN COMMUNITY ACTION 1400 S SARATOGA STREET MARSHALL, MN 56258 WINDOM AREA CHORDHUSTLERS 26445 US HIGHWAY 14 LAMBERTON, MN 56152 WINDOM AREA SCHOOLS PO BOX C-177 WINDOM, NN 56101 WINDOM AREA HOSPITAL FOUNDATION 2150 HOSPITAL DRIVE WINDOM, NN 56101 WINDOM COMMUNITY EDUCATION 1400 17TH STREET WINDOM, NN 56101 WINDOM ECONOMIC DEVELOPMENT 444 5TH STREET, PO BOX 38 WINDOM, NN 56101 NONE TOTAL **NONE** **PC** **CHILDREM** **YOUTH MENTORING PROGRAM** **OUTH MUSIC PROGRAM** **NONE** **PC** **PROGRAM** **SCHOLARSHIP PROGRAM** **SUMMER THEATER PROGRAM** **POSTORIAN **SUMMER THEATER PROGRAM** **POSTORIAN **SUMMER THEATER PROGRAM** **POSTORIAN **SUMMER THEATER PROGRAM** **POSTORIAN **SUMMER THEATER PROGRAM** **POSTORIAN **P	216 E LUVERNE STREET, PO BOX 686			SEXUALLY HARMFUL	
WESTERN COMMUNITY ACTION 1400 S SARATOGA STREET MARSHALL, MN 56258 WINDOM AREA CHORDHUSTLERS 26445 US HIGHMAY 14 LAMBERTON, MN 56152 WINDOM AREA SCHOOLS PO BOX C-177 WINDOM, MN 56101 NONE PC WINDOM AREA HOSPITAL FOUNDATION 2150 HOSPITAL DRIVE WINDOM, MN 56101 WINDOM, MN 56101 WINDOM, MN 56101 WINDOM, MN 56101 WINDOM COMMUNITY EDUCATION 1400 17TH STREET WINDOM, MN 56101 WINDOM ECONOMIC DEVELOPMENT 444 9TH STREET, PO BOX 38 WINDOM, MN 56101 NONE Total Total Approved for future payment WASTERT YOUTH MENTORING PROGRAM 2,000 METEROLOGY CLASS TRIP, MEDIA 2,000 METEROLOGY CLASS TRIP, MEDIA 2,000 METEROLOGY CLASS TRIP, MEDIA 2,000 METEROLOGY CLASS TRIP, MEDIA 2,000 METEROLOGY CLASS TRIP, MEDIA 36,979 METEROLOGY CLASS TRIP, MEDIA 2,000 METEROLOGY CLASS TRIP, MEDIA 2,000 METEROLOGY CLASS TRIP, MEDIA 36,979 METEROLOGY METEROLO		NONE	PC	CHILDREN	34,364
1400 S SARATOGA STREET MARSHALL, MM 56258 WINDOM AREA CHORDHUSTLERS 26445 US HIGHWAY 14 LAMBERTON, MN 56152 WINDOM AREA SCHOOLS FO BOX C-177 WINDOM AREA HOSPITAL FOUNDATION 2150 HOSPITAL DRIVER WINDOM, MN 56101 WINDOM COMMUNITY EDUCATION 1400 17TH STREET WINDOM, MN 56101 WINDOM ECONOMIC DEVELOPMENT 444 9TH STREET, PO BOX 38 WINDOM, MN 56101 WINDOM, MN 56101 WINDOM ECONOMIC DEVELOPMENT 444 9TH STREET, PO BOX 38 WINDOM, MN 56101 WINDOM ECONOMIC DEVELOPMENT 444 9TH STREET, PO BOX 38 WINDOM, MN 56101 WINDOM ECONOMIC DEVELOPMENT 444 9TH STREET, PO BOX 38 WINDOM SERVOLVING LOAN 29,400				1	
MARSHALL, MN 56258 MINDOM AREA CHORDHUSTLERS 26445 US HIGHWAY 14 LAMBERTON, NN 56152 MINDOM AREA SCHOOLS PO BOX C-177 WINDOM, MN 56101 MINDOM, MN 56101 MINDOM AREA HOSPITAL FOUNDATION 2150 HOSPITAL DRIVE WINDOM, MN 56101 MINDOM COMMUNITY EDUCATION 1400 17TH STREET WINDOM, MN 56101 MINDOM ECONOMIC DEVELOPMENT 444 9TH STREET, PO BOX 38 WINDOM, MN 56101 MONE	WESTERN COMMUNITY ACTION				
MARSHALL, MN 56258 MINDOM AREA CHORDHUSTLERS 26445 US HIGHWAY 14 LAMBERTON, NN 56152 MINDOM AREA SCHOOLS PO BOX C-177 WINDOM, MN 56101 MINDOM, MN 56101 MINDOM AREA HOSPITAL FOUNDATION 2150 HOSPITAL DRIVE WINDOM, MN 56101 MINDOM COMMUNITY EDUCATION 1400 17TH STREET WINDOM, MN 56101 MINDOM ECONOMIC DEVELOPMENT 444 9TH STREET, PO BOX 38 WINDOM, MN 56101 MONE	1400 S SARATOGA STREET			YOUTH MENTORING	
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WINDOM, MN 56101 WINDOM ECONOMIC DEVELOPMENT 444 9TH STREET, PO BOX 38 WINDOM, MN 56101 NONE NC PCS FOR PEOPLE PROGRAM REVOLVING LOAN 29,400 Total Approved for future payment		1	ر	1	
WINDOM ECONOMIC DEVELOPMENT 444 9TH STREET, PO BOX 38 WINDOM, MN 56101 NONE NC PCS FOR PEOPLE PROGRAM REVOLVING LOAN 29,400 Approved for future payment					
### STREET, PO BOX 38 WINDOM, MN 56101 Total	WINDOM, MN 56101	NONE	NC	PROGRAM	2,200
### STREET, PO BOX 38 WINDOM, MN 56101 Total	WINDOW ECONOMIC DEVELOPMENT			DCG FOR REORIE	
WINDOM, MN 56101 NONE NC REVOLVING LOAN 29,400 Total				ł I	
Total		270277	, va	ł I	20.400
b Approved for future payment	WINDOM, MN 56101	NONE	NC	REVOLVING LOAN	29,400
b Approved for future payment	Total	<u> </u>	<u> </u>	→ 3a	
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Form 990-PF, (2013) ROBERT & HELEN REMICK CH FOUNDATION 41-1950527 Page 11 Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager Recipient status of Amount contribution recipient Name and address (home or business) or substantial contributor a Paid during the year WINDOM EDUCATION & COLLABROATIVE CE HEALTH PO BOX 123 CLASSROOM NONE WINDOM, MN 56101 PC COMMUNITY 30,000 WINDOM SHARING CENTER 1156 4TH AVENUE WINDOM, MN 56101 NONE PC FOOD SHELF 2,500 WINDOM UNITED DRIVE PO BOX 222 WINDOM, MN 56101 NONE PC CRISIS PROGRAMS 2,500 YOUTH FOR CHRIST CAMP **SCHOLARSHIPS** 116 W CLARK STREET NONE PC YOUTH CENTER 25,000 ALBERT LEA, MN 56007

	Total	 <u> </u>	▶ 3a	551,524
b	Approved for future payment			

<u>.......</u>

Total

EEA

Inter gross amounts unless otherwise indicated.	Unrelated	business income	Excluded by se	ction 512, 513, or 514	(e)
4.8	(a) Business	(b) Amount	(c) Exclusion code	(d) [·] Amount	Related or exempt function income (See instructions)
1 Program service revenue:	code		 		
a b			 		
ь с	 		 	· · · · · · · · · · · · · · · · · · ·	
•					
e					
f		· · · · · · · · · · · · · · · · · · ·	·		
g Fees and contracts from government agencies					
Membership dues and assessments					
Interest on savings and temporary cash investments .					
Dividends and interest from securities			14	205,351	
Net rental income or (loss) from real estate:		, ,,, , ,,,			
a Debt-financed property					
b Not debt-financed property		-			
Net rental income or (loss) from personal property					
Other investment income					
Gain or (loss) from sales of assets other than inventory			18	730,881	
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
Other revenue: a					
b					
c					
d					
e					
Subtotal. Add columns (b), (d), and (e)				936,232	•
			I	JJ0 2J2	
Total. Add line 12, columns (b), (d), and (e)					936,232
Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations.)				13	936,232
ee worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the	Accompli	shment of Ex	empt Purpos	13	
Part XVI-B Relationship of Activities to the Explain below how each activity for which income.	Accompliation one is reported	shment of Exe	empt Purpos Part XVI-A contrib	13	
Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the Explain below how each activity for which income.	Accompliation one is reported	shment of Exe	empt Purpos Part XVI-A contrib	13	
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Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the Explain below how each activity for which income.	Accompliation one is reported	shment of Exe	empt Purpos Part XVI-A contrib	13	
Total. Add line 12, columns (b), (d), and (e)	Accompliation one is reported	shment of Exe	empt Purpos Part XVI-A contrib	13	
Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the Explain below how each activity for which income.	Accompliation one is reported	shment of Exe	empt Purpos Part XVI-A contrib	13	
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Total. Add line 12, columns (b), (d), and (e)	Accompliation one is reported	shment of Exe	empt Purpos Part XVI-A contrib	13	
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Total. Add line 12, columns (b), (d), and (e)	Accompliation one is reported	shment of Exe	empt Purpos Part XVI-A contrib	13	
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Total. Add line 12, columns (b), (d), and (e)	Accompliation one is reported	shment of Exe	empt Purpos Part XVI-A contrib	13	
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Total. Add line 12, columns (b), (d), and (e)	Accompliation one is reported	shment of Exe	empt Purpos Part XVI-A contrib	13	
Total. Add line 12, columns (b), (d), and (e)	Accompliation one is reported	shment of Exe	empt Purpos Part XVI-A contrib	13	
Total. Add line 12, columns (b), (d), and (e)	Accompliation one is reported	shment of Exe	empt Purpos Part XVI-A contrib	13	
Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the Explain below how each activity for which income.	Accompliation one is reported	shment of Exe	empt Purpos Part XVI-A contrib	13	
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Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the Explain below how each activity for which income	Accompliation one is reported	shment of Exe	empt Purpos Part XVI-A contrib	13	

ROBERT & HELEN REMICK CH FOUNDATION 41-1950527 Form 990-RF (2013) Page 13 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 Yes No 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 nonchantable exempt organization of: Х 1a(1) 1a(2) (2) Other assets **b** Other transactions: (1) Sales of assets to a nonchantable exempt organization 1b(1) 1b(2) (2) Purchases of assets from a noncharitable exempt organization 1b(3) 1b(4) (4) Reimbursement arrangements 1b(5) (6) Performance of services or membership or fundraising solicitations 1b(6) 1c c Shanng of facilities, equipment, mailing lists, other assets, or paid employees d 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 (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements (a) Line no (b) Amount involved 2a 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. (b) Type of organization (c) Description of relationship (a) Name of organization Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Sign May the IRS discuss this return 5-16-14 TRUSTEE with the preparer shown below Here Yes No (see inst)? Signature of officer or trustee 's signature PTIN Print/Type preparer's name Check **Paid** P00032375 ssa L Grams Melissa L Grams Mel self-employed

▶ M L GRAMS AND ASSOCIATES

628 FIRST AVENUE

WESTBROOK MN 56183

507-274-6171

Firm's EIN

Phone no

Preparer

Use Only

Firm's name

Firm's address

	Federal Support	ing Statements		2013 PG	01
Name(s) as shown on retum ROBERT & HELEN R	EMICK CH FOUNDATION	·		41-195	50527
	FORM 990PF, PART INVESTMENTS: OT			STATEME	NT #118
CATEGORY LPL FASTENAL LPL OTHERS		(BOY) BOOK 00,544 05,576	VALUE (E 1,016,109 2,080,617		(EOY) 3,576,743 2,506,877
TOTAL	3,03	<u>=</u>	3,096,726	11	1,083,620
	FORM 990PF, PART OTHER ASSETS			PG STATEME	01 NT #120
DESCRIPTION COOP EQUITY	<u>BO</u>	Y BOOK 311	EOY BOOK		<u>4V</u> 311
TOTAL		311	31	.1	311

		Federal Su	Federal Supporting Statements	ments	2013 PG 01	•
Name(s) as shown on return ROBERT & HELEN REMICK CH FOUNDATION			:		Your Social Security Number 41–1950527	umber
		. PART I, LINE 23 -	FORM 990PF, PART I, LINE 23 - OTHER EXPENSES SCHEDULE	JULE	STATEMENT #103	8
DESCRIPTION	REVENUE AND EXPENSES	NET INVESTMENT	ADJUSTED NET INCOME	CHARITABLE PURPOSE		
OFFICE SUPPLIES STATE OF MN FILING FEE MISCELLANEOUS	248 25 0	248 0	0 0 0	25		
TOTALS	273	248	0	25		
	FORM 990P	F, PART I, LINE 16(A	FORM 990PF, PART I, LINE 16(A) - LEGAL FEES SCHEDULE	DULE	PG 01 STATEMENT #107	۰
DESCRIPTION LEGAL FEES	REVENUE AND EXPENSES 41,250	NĘT INVESTMENT 30,938	ADJUSTED NET INCOME 0	CHARITABLE PURPOSE 10,312		
TOTALS	41,250	30,938	0	10,312		
STM-LD						

-						
		Federal Su	Federal Supporting Statements	ments	2013 PG 01	ì
Name(s) as shown on return ROBERT & HELEN REMICK CH FOUNDATION					Your Social Secunity Number 41–1950527	
	FORM 990PF, F	PART I, LINE 16(B) -	FORM 990PF, PART I, LINE 16(B) - ACCOUNTING FEES SCHEDULE	EDULE	STATEMENT #108	
DESCRIPTION	REVENUE AND EXPENSES	NET INVESTMENT	ADJUSTED NET INCOME	CHARITABLE PURPOSE		
ACCOUNTING FEES TOTALS	3,600	2,700	0	006		
	FORM 990PF, PART	I, LINE 16(C) - OTH	FORM 990PF, PART I, LINE 16(C) - OTHER PROFESSIONAL FEES SCHEDULE	SCHEDULE	PG 01 STATEMENT #109	
DESCRIPTION BROKERAGE FEES	REVENUE AND EXPENSES 28,990	NET INVESTMENT 28,990	ADJUSTED NET INCOME 0	CHARITABLE PURPOSE 0		
TOTALS	28,990	28,990	0	0		4
STM-LD						

REVENUE NET LINE 18 - TAXES SCHEDULE	Name(s) as shown on return ROBERT & HELEN REMICK CH FOUNDATION					2013 ge or	
FORM 900F, PART I, LINE 18 – TAXES SCHEDULE REVENUE AND EXPENSES 13,801 1,054 1,054 1,054 1,054 1,054 1,054 1,054 1,054 1,054	CK CH FOUNDATION					Your Social Security Numbe	
NET ADJUSTED CHARITABLE INVESTMENT NET JACOME PURPOSE 1,054 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0						41–1950527	
INVESTMENT NET INCOME PURPOSE 0 1,054 0 1,054 0 1,054 0 1,054 0		FORM 9	90PF, PART I, LINE	18 - TAXES SCHEDULE		STATEMENT #110	
1,054 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		REVENUE AND EXPENSES	NET INVESTMENT	ADJUSTED NET INCOME	CHARITABLE PURPOSE		j
0 7007	i	13,801	1,054	0 0	0		
	11	14,855	1,054	0	0		

		Federal	Federal Supporting Statements	Statement	S	:		
Name(s) as shown on return ROBERT & HEI EN REMICK CH EDIINDATTON	i i						Your Social S	Your Social Security Number
						•	120024	
	FORM 990-PF, PART IV, CAPITAL GAINS AND LOSSES INFORMATION (OVERFLOW)	IV, CAPITAL GAIN	IS AND LOSSES IN	FORMATION (OVER	FLOW)		STATEMENT #134	T #134
	P-PURCHASE					COST OR		GAINS MINUS
DESCRIPTION	D-DONATION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPRECIATION	OTHER BASIS	GAIN OR LOSS	EXCESS OR LOSSES
CAPITAL GAIN DISTRIBUTIONS	م	2012-12-30	2013-12-31	581		:	581	581
GE NOTE	۵.	2007-02-20	2013-02-01	100,000		100,001	(2)	(2)
FASTENAL COMPANY	ο.	2009-03-04	2013-09-20	744,984		84,435	649,249	670,549
HUSSMAN STRAT GRW	α.	2013-01-02	2013-11-13	183		191	(8)	(8)
JH CURR STRAT I	a .		2013-05-13	32,005		31,541	797	797
DIRXN INDX CMDTY STRAT A	α.	2012-04-12	2013-11-15	99		63	(2)	(2)
DIRXN INDX CMDTY STRAT A	a .	2012-04-12	2013-12-19	6,614		7,302	(889)	(889)
HUSSMAN STRAT GRW	a .		2013-11-13	523		589	(99)	(99)
HEALTH CARE REIT INC	۵.	2010-12-09	2013-05-08	2,958		1,682	1,276	1,276
HUSSMAN STRAT GRW	<u>α</u> .	2011-09-30	2013-06-12	637		806	(169)	(169)
HUSSMAN STRAT GRW	۵.	2011-09-30	2013-09-18	3,798		4,924	(1,126)	(1,126)
HUSSMAN STRAT GRW	۵.	2011-09-30	2013-10-03	4,021		5,131	(1,110)	(1,110)
HUSSMAN STRAT GRW	ο	2011-09-30	2013-11-13	3,908		5,050	(1,142)	(1,142)
CISCO SYSTEMS INC	۵.	2012-09-13	2013-04-10	430		382	87	84
COLGATEPALMOLIVE COMPANY	c	2012-09-13	2013-09-10	1,169		1,041	128	128
GENL MILLS INC	<u>o</u> .	2012-09-13	2013-06-28	2,174		1,761	413	413
GOLDCORP INC NEW	D .	2013-01-16	2013-05-29	14,404		19,628	(5,224)	(5,224)
HOME DEPOT INC	a .	2012-08-28	2013-06-04	13,230		9,631	3,599	3,599
MOSAIC COMPANY NEW	<u>a.</u>	2013-03-28	2013-07-26	54,449		28,194	(3,745)	(3,745)
WELLCARE HEALTHPLANS INC	a .	2012-11-07	2013-10-30	7,337		2,487	1,850	1,850
HERBALIFE LIMITED	a .		2013-05-01	12,923		16,624	(3,701)	(3,701)
CISCO SYSTEMS INC	a	2011-01-05	2013-04-10	2,965		7,715	250	250
TEVA PHARMACEUTICAL ADR	۵.		2013-10-30	24,671		28,003	(3,332)	(3,332)
UNITEDHEALTH GROUP INC	<u>α</u>	2012-10-10	2013-10-10	7,828		6,635	1,193	1,193
WELLCARE HEALTHPLANS INC	a		2013-10-30	24,012		19,370	4,642	7,642
CISCO SYSTEMS INC	a		2013-04-10	30,567		27,461	3,106	3,106
COLGATEPALMOLIVE COMPANY	۵	2010-12-08	2013-09-10	12,856		8,650	4,206	4,206
DISNEY WALT COMPANY	۵	2007-02-26	2013-02-13	15,869		10,033	5,836	5,836
DISNEY WALT COMPANY	۵.	2007-02-26	2013-04-10	10,160		5,882	4,278	4,278
GENL MILLS INC	α.	2008-10-07	2013-04-10	14,488		10,076	4,412	4,412
GENL MILLS INC	<u> </u>		2013-06-28	39,381		24,280	15,101	15,101
ITRON INC	α.		2013-03-21	11,846		16,145	(4,299)	(4,299)
ITRON INC	۵	2009-10-07	2013-03-22	427		10,038	(2,579)	(2,579)
SCHLUMBERGER LTD	۵.	2008-10-09	2013-07-26	12,626		9,671	2,955	2,955

		Federal	Federal Supporting Statements	Statement	S		2013	PG 02
Name(s) as shown on return ROBERT & HELEN REMICK CH FOUNDATION				-			Your Social Secu 41~1950527	Your Social Secunty Number 41-1950527
_	FORM 990-PF, PART IV, CAPITAL GAINS AND LOSSES INFORMATION (OVERFLOW)	IV, CAPITAL GAINS	S AND LOSSES INF	ORMATION COVER	FLOW)		STATEME	STATEMENT #134
DESCRIPTION	P-PURCHASE D-DONATION	DATE ACQUIRED	DATE SOLD	CALES DDICE	NOTTALI	COST OR	SSO - GO MIAS	GAINS MINUS
STARBUCKS CORP	م	2009-04-01	2013-09-16	17,651		2,627	15.024	15.024
STARBUCKS CORP	۵.	2009-04-01	2013-10-09	1,497		224	1,273	1,273
TARGET CORP	a .	2009-03-03	2013-01-15	19,789		8,437	11,352	11,352
3M COMPANY	۵	2008-08-13	2013-09-16	4,171		2,563	1,608	1,608
US BANCORP DE	۵.	2007-02-26	2013-09-16	16,696		16,185	511	511
UNILEVER N V NY SHS NEW	<u>~</u>	2010-11-10	2013-05-13	11,829		8,766	3,063	3,063
UNILEVER N V NY SHS NEW	a .	2010-11-10	2013-10-11	17,086		13,994	3,092	3,092
VISA INC CLASS A	<u>~</u>	2010-02-25	2013-08-01	14,203		6,828	7,375	7,375
COVIDIEN PLC NEW	a		2013-02-13	9,162		5,923	3,239	3,239
NOBLE CRP BARR NAMEN AKT	•	2008-08-13	2013-07-26	9,656		12,918	(3,262)	(3,262)
MALLINCKRODT PUB LTD CO	a	2007-10-02	2013-06-28	16		7	5	5
EGSHS EMG MKT CONSMR ETF	a	2011-01-18	2013-10-03	1,228		1,021	202	202
ISHS MSCI EMG MKT ETF	۵.	2012-09-13	2013-04-11	455		410	15	15
ISHS MSCI UK ETF	۵.	2012-04-16	2013-04-17	126′6		9,430	541	541
ISHS MSCI SWITZ CPD ETF	a	2011-01-18	2013-09-09	453		370	83	83
ISHS MSCI AUSTRALIA ETF	۵.	2007-02-26	2013-07-29	8,467		9,106	(629)	(629)
ISHS MSCI AUSTRALIA ETF	a		2013-08-14	8,706		6,490	(784)	(484)
ISHS MSCI SWITZ CPD ETF	<u>a</u>		2013-09-09	1,359		1,168	191	191
ISHS MSCI HONG KONG ETF	<u>~</u>	2007-11-06	2013-10-03	609		673	(99)	(99)
ISHS MSCI EMG MKT ETF		2010-08-20	2013-04-11	6,354		8,987	367	367
TOTAL				1,358,440		627,559	730,881	730,881

990	Overflow Statement	2013 Page 1
Name(s) as shown on return		FEIN
ROBERT & HELEN	REMICK CH FOUNDATION	41-1950527

PART I - LINE 4 DIVIDENDS & INTEREST FROM SECURITIES

Description		Amount
ACCRUED INTEREST PAID		\$ (984)
BANK OF THE WEST		 8
LPL - DIVIDENDS		183,912
LPL - INTEREST		22,034
NON-DIVIDEND DISTRIBUTIONS		381
	Total:	\$ 205,351

Form **8868**

(Rev January 2014)

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

Internal Revenu	ue Service	P Information about 1 orini	oooo and its i	iisti uctions is at www	v.ii 3.g0 v/1011110000.			
• If you are	filing for an Aut	omatic 3-Month Extension	, complete	only Part I and ched	ck this box	•		. > [
 If you are 	filing for an Add	litional (Not Automatic) 3-I	Month Exter	nsion, complete on	ly Part II (on page 2 o	of this	form).	
Do not cor	mplete Part II ui	nless you have already beer	n granted an	automatic 3-month	extension on a previo	ously f	iled Form 8	3868
a corporati 8868 to re- Return for	on required to fill quest an extensi Transfers Asso	ou can electronically file For e Form 990-T), or an addition on of time to file any of the ciated With Certain Person tils on the electronic filing of	onal (not auto e forms liste nal Benefit (omatic) 3-month ext d in Part I or Part II Contracts, which m	ension of time. You of with the exception of ust be sent to the l	an ele of For IRS in	ectronically m 8870, In n paper foi	file Forn formation rmat (see
Part I		Month Extension of Tim						<u>. </u>
	tion required to	file Form 990-T and requ				is bo	x and con	nplete
All other co	orporations (inclu	ding 1120-C filers), partners	ships, REMIC	Cs, and trusts must	use Form 7004 to red	quest i	an extensio	on of time
to file incor	ne tax returns.							
					Enter filer's identifying			structions
Type or	Name of exemp	t organization or other filer, see	instructions.		Employer identification	numt	per (EIN) or	
print		Remick CH Foundation				19505		
File by the	Number, street,	and room or suite no. If a P O	box, see instr	uctions	Social security numbe	r (SSN)	
due date for filing your	P. O Box 123	-1 - #						
return See	1	st office, state, and ZIP code F	or a toreign a	aaress, see instruction	is			
instructions	Lakefield MN 5	6150			 -			
Enter the R	eturn code for th	e return that this application	n is for (file a	separate application	n for each return) .			0 4
Application	on		Return Code	Application Is For				Return Code
Form 990	or Form 990-EZ		01	Form 990-T (corpo	oration)			07
Form 990-	BL		02	Form 1041-A				08
Form 4720	(ındıvıdual)		03	Form 4720 (other t	han individual)			09
Form 990-	PF		04	Form 5227	-			10
Form 990-	T (sec. 401(a) or	408(a) trust)	05	Form 6069				11
Form 990-	T (trust other tha	n above)	06	Form 8870				12
Telephone If the orga If this is fo for the whol	e No. ► inization does no ir a Group Returr e group, check t	of ► Costello, Carlson & Bu (507) 847-4200 It have an office or place of an, enter the organization's for this box So of all members the extension	Fibusiness in tour digit Groot fit is for part	up Exemption Numb	heck this box per (GEN)		 If this i	
		c 3-month (6 months for a c						
		, 20 14 , to file the exe	empt organiz	ation return for the	organization named a	bove.	The extens	sion is
	ne organization's							
▶⊻	calendar year 20) <u>13</u> or						
►□	tax year beginni	ng d in line 1 is for less than 12	, 20	, and ending			, 20	·
			months, che	eck reason: 🔲 Initia	ıl return 📙 Fınal retu	rn		
	nange in account		00 T 4700		natura in land			
		or Forms 990-BL, 990-PF, 9 s. See instructions.	90-1, 4/20,	or 6069, enter the te	entative tax, less any	3a	\$	5,586
		for Forms 990-PF, 990-T,	4720, or 6	069, enter any refu	undable credits and			
		nts made include any prior				3b	\$	

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using

EFTPS (Electronic Federal Tax Payment System). See instructions.

1 0/11/1 0000	(nev 1-2014)					rage Z
• If you a	are filing for an Additional (Not Automatic)	3-Month Exter	nsion, complete onl	y Part II and check the	ns box	▶ 🗆
	nly complete Part II if you have already beer					
	are filing for an Automatic 3-Month Extens				•	
Part II					ies nee	eded)
T GIT TI	Additional (Not Matomatio) o Mon	EXTENSION	Of Tittle: Othy the	Enter filer's identifying		
	Name of exempt organization or other filer,	see instructions		Employer identification		
Type or print						(=, =.
print				Social security number (SSN)		
File by the						
due date for filing your						
return See						
instructions	S					
Enter the	Return code for the return that this applica	tion is for (file a	separate application	for each return) .		
	·					
Application		Return	Application			Return
Is For		Code	Is For			Code
Form 99	90 or Form 990-EZ	01	是自身是是	岩沙罗斯斯拉克 斯	是 新 和 計	FIGURE STATE
Form 99	90-BL	02	Form 1041-A			08
Form 47	720 (individual)	03	Form 4720 (other t	han individual)		09
Form 99	90-PF	04	Form 5227			10
Form 99	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 99	90-T (trust other than above)	06	Form 8870			12
CTODI D	o not complete Part II if you were not alread			A	_1	F 0000
for the willist with the state of the state	s for a Group Return, enter the organization' hole group, check this box] . If it is for par nsion is for. time until ginning 12 months, ch	t of the group, check	, 20 , and ending	► □	and attach a
b If es am	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.				8a \$ 8b \$	
	Balance due. Subtract line 8b from line 8a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions					
	Signature and Veri	fication must	t be completed fo	r Part li only.		
knowledge	alties of perjury, I declare that I have examine and belief, it is true, correct, and complete, and	that I am authoriz	zed to prepare this form	1		to the best of my
Signature ▶		ritie ►	Title ► Attorney at Law		Date ►	