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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 2016

Open to Public Inspection

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.

For	calen	ndar year 2016 or tax year beginning				, and	ending			
		undation				<u> </u>	A Employer	identification number	r	
СН	ARLES	S & KIMBERLY HEMMER FOUNDATION								
Nur	nber and	d street (or P O box number if mail is not delivered to street addre	ess)		Room	Room/suite 37-1379077				
		UNZIKER COMMERCE BANK 416 MAIN STREET	<u> </u>		1	600	00 B Telephone number (see instructions)		ins)	
City	or town	n, state or province, country, and ZIP or foreign postal code					1			
PE	ORIA	<u> </u>		6160	2		ļ	(309) 676-777	7	
For	eign cou	untry name Foreign province/state/county		Foreign	n posta	al code	C If exempts	on application is pendir	ng, check here	▶□
	<u> </u>						4			_
G	Check			of a former pu	ıblıc d	charity	D 1. Foreign	organizations, check t	nere	▶∐
		Fina) return Amende					_	organizations meeting	•	_
		Address change						nere and attach comput		▶ ∐
H		k type of organization						oundation status was to 7(b)(1)(A), check here		
ᆚ	Section	on 4947(a)(1) nonexempt charitable trust 🔼 Othe	r taxa		unda	tion	SECTION 30	(b)(1)(A), check here		- 🗀
ı	Fair m	narket value of all assets at   J Accounting me	thod	X Cash [	╗╸	ccrual	F If the foun	dation is in a 60-month	termination	
	end of	f year (from Part II, col. (c),	cify)					tion 507(b)(1)(B), check		▶ 🔲
	line 16	6) ▶ \$ 670,666 (Part I, column (d) m	ust be	on cash basis	)		1			
P	art l	Analysis of Revenue and Expenses (The total of	,	(a) Revenue a	and				(d) Disbursem	
		amounts in columns (b), (c), and (d) may not necessant	у	expenses pe		, , , , , , ,	et investment ncome	(c) Adjusted net income	for chantab purposes	
		equal the amounts in column (a) (see instructions))		books	i	'	income	income	(cash basis o	
	1	Contributions, gifts, grants, etc., received (attach schedule)		25	,492					
	2	Check ▶☐ if the foundation is not required to attach Sch	в							
	3	Interest on savings and temporary cash investmen	nts [		9		9			
	4	Dividends and interest from securities	-	4	,424		4,424			
	5a	Gross rents								
	b	Net rental income or (loss)							<u> </u>	
Пe	6a	Net gain or (loss) from sale of assets not on line 1	10	5	,819					
ē	b		0,479							
Revenue	7	Capital gain net income (from Part IV, line 2)				ļ	5,819			
œ	8	Net short-term capital gain	]						<u> </u>	
	9	Income modifications	1			<u> </u>		· <del></del>	<b></b>	
	10a	Gross sales less returns and allowances							<del> </del>	
	b	Less Cost of goods sold				ļ		<del></del>	<del></del>	
	C	Gross profit or (loss) (attach schedule)	ļ			<u> </u>		·	<b></b>	
	11	Other income (attach schedule)	Ì	ļ <u>-</u> -		<b>_</b>			}	
	12	Total. Add lines 1 through 11		35	,744	<u> </u>	10,252	0		-1 CT
Expenses	13	Compensation of officers, directors, trustees, etc	ļ			<b></b>			ECENT	<u> </u>
ns.	14	Other employee salaries and wages	-			<b></b> -				
be	15	Pension plans, employee benefits		<del> </del>		ļ	<del></del>		AY 1 8 20	<del>017</del>
Ж	16a	Legal fees (attach schedule)	ì	<del></del>		<del> </del>			11 20 6	
è	D	Accounting fees (attach schedule)		}		<del> </del>		<del></del>	1	0.00
aţì	17	Other professional fees (attach schedule) Interest	l			<del> </del> -		<del></del>		<u>ut</u>
šť	17 18	Taxes (attach schedule) (see instructions)		<del></del>	186	<del> </del>	186			186
Operating and Administrative	19	Depreciation (attach schedule) and depletion			100		100	<del> </del>	<del> </del>	100
Ξ	20	Occupancy		} <del></del>		<del> </del>		<del></del>	<del> </del>	
Ad	21	Travel, conferences, and meetings		<u> </u>		<del>                                     </del>			<del> </del>	
ק	22	Printing and publications	İ	<del></del>		<del>                                     </del>			<del>                                     </del>	
a	23	Other expenses (attach schedule)			25	t	25		<del>                                     </del>	25
ng	24	Total operating and administrative expenses.				<b> </b>		<del></del>	<del> </del>	_==
ati	1	Add lines 13 through 23		1	211		211	o	J	211
ě	25	Contributions, gifts, grants paid .		21	,227					227
0	26	Total expenses and disbursements. Add lines 24 and 25	i		,438		211	0		438
_	27	Subtract line 26 from line 12		<del> </del>	1430	<del>                                     </del>	411	<u> </u>	<del> </del>	,700
	l a	Excess of revenue over expenses and disbursements	j	14	,306				1	
	b				,,,,,,,,,	<del>                                     </del>	10,041	<del></del>	<del> </del>	
		Adjusted net income (if negative, enter -0-)		<del></del>		<del>                                     </del>	10,041		<del>, </del>	
		,		1		1		( )	/1	1

For Paperwork Reduction Act Notice, see instructions.

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Da	rt II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	f year
<i>-</i> 6	Tah	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 .			
- {	2	Savings and temporary cash investments	19,204	194,378	194,378
1	3	Accounts receivable >			
		Less allowance for doubtful accounts ▶			
ł	4	Pledges receivable ▶	_		
		Pledges receivable ►  Less allowance for doubtful accounts ►			
Ì	5	Grants receivable			
-	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions) .			
Ì	7	Other notes and loans receivable (attach schedule)			
ļ		Less allowance for doubtful accounts			
2	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
A	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)	553,521	398,366	476,288
1	С	Investments—corporate bonds (attach schedule)			
- {	11	Investments—land, buildings, and equipment basis			
- 1		Less. accumulated depreciation (attach schedule)			
ł	12	Investments—mortgage loans			
ļ	13	Investments—other (attach schedule)			
l	14	Land, buildings, and equipment basis			
- }		Less. accumulated depreciation (attach schedule)			
	15	Other assets (describe )			
1	16	Total assets (to be completed by all filers—see the			
		instructions Also, see page 1, item I)	572,725	592,744	670,666
	17	Accounts payable and accrued expenses			
ام	18	Grants payable			
Ë	19	Deferred revenue .			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
ā	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		,	
ĕ		and complete lines 24 through 26 and lines 30 and 31.	1	!	
ä	24	Unrestricted .			•
Balances	25	Temporarily restricted		·	
P	26	Permanently restricted .			
Fun		Foundations that do not follow SFAS 117, check here ▶ 🏻			
T.		and complete lines 27 through 31.	]		
Net Assets or	27	Capital stock, trust principal, or current funds			
ets	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
SS	29	Retained earnings, accumulated income, endowment, or other funds	572,725	592,744	
t A	30	Total net assets or fund balances (see instructions)	572,725	592,744	
S	31	Total liabilities and net assets/fund balances (see			
		instructions)	572,725	592,744	<u> </u>
	rt III			<del></del>	<del> </del>
1		I net assets or fund balances at beginning of year—Part II, column (	a), line 30 (must agre		
		of-year figure reported on prior year's return)		1	572,725
2		r amount from Part I, line 27a		2	14,306
3		er increases not included in line 2 (itemize) INVESTMENTS		3	5,713
4		lines 1, 2, and 3		4	592,744
5		reases not included in line 2 (itemize)		5	
6	ı ota	I net assets or fund balances at end of year (line 4 minus line 5)—P	aπ II, column (b), line	30   6	592,744

Part Part	V Capital Gains and	Losses for Tax on Investm	nent In	come			····	
		ne kind(s) of property sold (e.g., real estate use, or common stock, 200 shs MLC Co			(b) How acquired P—Purchase D—Donation		e acquired day, yr)	(d) Date sold (mo , day, yr )
1a	WELLS FARGO					1	2/11/2015	7/29/2016
b	WELLS FARGO				D		9/2/2009	7/29/2016
C								
d								<del> </del>
е		···						
	(e) Gross sales price	(f) Depreciation allowed (or allowable)			other basis ise of sale		(h) Gain ( (e) plus (f)	, ,
a	10,060		ļ		10,110			-50
b	180,419		ļ		174,550			5,869
C			ļ					
<u>d</u>			<b>}</b>					
е	0		1		10/04/00			
	Complete only for assets sn	nowing gain in column (h) and owned	by the t				(I) Gains (Col (	
	(i) F M ∨ as of 12/31/69	(j) Adjusted basis as of 12/31/69			s of col (ı) (j), ıf any		ol (k), but not le Losses (fro	
<u>a</u>								
<u>b</u>			ļ					5,869
<u> </u>			ļ					
d		<del></del>	ļ					
e			L <u>.                                    </u>	<del></del> _		<del></del>		
2	Capital gain net income o	r (net canital loss) 1			rt I, line 7 rt I, line 7	2		5,819
3	If gain, also enter in Part I	n or (loss) as defined in sections , line 8, column (c) (see instructi	•					
Part	Part I, line 8	ler Section 4940(e) for Redu				3		5,819
Was		section 4942 tax on the distribut qualify under section 4940(e)				ase peri	od?	☐ Yes ☒ No
1	<del></del>	ount in each column for each yea			<del></del>	cing any	/ entries	
_ <del>-</del>	(a)		1, 300 (	ile madu		T	entines .	(d)
Cal	Base period years	(b) Adjusted qualifying distribution	ns	Net value o	(c) of nonchantable-use as	ssets		bution ratio
Cal	endar year (or tax year beginning in 2015	T	9,117		64/	1,573	(0) (0)	vided by col (c)) 0.060687
	2014		6,699			7,373	<del></del>	0.000007
	2013		2,869	<del></del>		3,870		0 042439
	2012		7,520			9,630		0 038118
	2011		6,601			1,833		0 016427
			-11			.,,,,,,		<u> </u>
2	Total of line 1, column (d)	)				ŀ	2	0 202863
3		for the 5-year base period—divid	de the to	otal on lin	e 2 by 5, or by th	_		
	<del>-</del>	dation has been in existence if le			•	_	3	0 040573
4	Enter the net value of nor	ncharitable-use assets for 2016 f	rom Pai	rt X, line s	5	-	4	641,929
5	Multiply line 4 by line 3					_	5	26,045
6	Enter 1% of net investme	nt income (1% of Part I, line 27b	)				6	100
7	Add lines 5 and 6						7	26,145
8	Enter qualifying distribution						8	21,438
	If line 8 is equal to or great Part VI instructions	ater than line 7, check the box in	Part VI	, line 1b,	and complete tha	at part u	sing a 1% ta	x rate See the

Part \	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instruct	ions)				
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.					
b	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)  Domestic foundations that meet the section 4940(e) requirements in Part V, check  1		201			
	here ▶ ☐ and enter 1% of Part I, line 27b					
С						
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) .		o			
3	Add lines 1 and 2		201			
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)					
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-		201			
6	Credits/Payments					
a	2016 estimated tax payments and 2015 overpayment credited to 2016  6a  Ch					
b	Exempt foreign organizations—tax withheld at source  Tax paid with application for extension of time to file (Form 8868)  6c		Ì			
c d	Backup withholding erroneously withheld 6d 6d		Ĭ			
7	Total credits and payments Add lines 6a through 6d		0			
8	Enter any penalty for underpayment of estimated tax. Check here  if Form 2220 is attached		Ť			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		201	-		
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		0			
11	Enter the amount of line 10 to be Credited to 2017 estimated tax		0			
Part	VII-A Statements Regarding Activities					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No		
	participate or intervene in any political campaign?  Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see	1a		X		
b	Instructions for the definition)?	1b		х		
	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					
C	Did the foundation file Form 1120-POL for this year?	1c	خنده	Х		
a	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year  (1) On the foundation   (2) On foundation managers   (3)					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	-				
•	on foundation managers. >\$			ľ		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		Х		
	If "Yes," attach a detailed description of the activities					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles					
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X		
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	NI/A	X		
_	If "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?	4b	N/A	Х		
5	If "Yes," attach the statement required by General Instruction T	3		^		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either					
	By language in the governing instrument, or					
	By state legislation that effectively amends the governing instrument so that no mandatory directions that					
	conflict with the state law remain in the governing instrument?	6	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.	7_	X			
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					
L	IL  If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General					
ь	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	Х			
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)	80	â			
J	or 4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If					
	"Yes," complete Part XIV	9		X		
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their					
	names and addresses	10		Х		
		- 00		_		

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**CHARLES & KIMBERLY HEMMER FOUNDATION** 

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Part	VIES Statements Regarding Activities for	<u>or Whi</u>	ch Form 47	'20 Ma	y Be Requ	uired (	continue	d)		
5a	During the year did the foundation pay or incur an (1) Carry on propaganda, or otherwise attempt to			(sectio	n 4945(e))?	·	Yes	X No		
	(2) Influence the outcome of any specific public el directly or indirectly, any voter registration drive		see section 4	1955), d	or to carry o	n,	Yes	X No		
	(3) Provide a grant to an individual for travel, stud	y, or otl	her sımılar pu	ırposes	?		Yes	X No		
	(4) Provide a grant to an organization other than a section 4945(d)(4)(A)? (see instructions)	a charita	able, etc , org	janizati	on describe	ed in	Yes	<b>⊠</b> No		
	(5) Provide for any purpose other than religious, or purposes, or for the prevention of cruelty to ch			literary,	, or educati	onal	Yes	X No		
b	If any answer is "Yes" to 5a(1)-(5), did any of the	transac	ctions fail to d	qualify (	under the e	xceptio	ns descri	bed in		ļ
	Regulations section 53 4945 or in a current notice	regard	ling disaster a	assistar	nce (see ins	structio	ns)?		5b	N/A
	Organizations relying on a current notice regardin	g disas	ter assistanc	e check	k here			▶ []		
C	If the answer is "Yes" to question 5a(4), does the			emption	from the ta	ЭX	<b></b>	<b>—</b>		
	because it maintained expenditure responsibility f		-	5 <b>5</b> (-1)			Yes	∐ No		
6a	If "Yes," attach the statement required by Regulat Did the foundation, during the year, receive any fu				a nav arom	umo				
oa	on a personal benefit contract?		rectly or mun	echy, it	o pay pieili	iums	Yes	X No		
b	Did the foundation, during the year, pay premiums	s direct	tly or indirecti	v on a	personal b	enefit d			6b	Х
_	If "Yes" to 6b, file Form 8870	o,oo.	., ., ., .,	y, o a	percentare	0,10,110	on a doc			
7a	At any time during the tax year, was the foundation a pa	artv to a	prohibited tax	shelter t	ransaction?		Yes	□No		
	If "Yes," did the foundation receive any proceeds					the trai	h1		7b	Х
Par	VIII Information About Officers, Director	ors, Tr	ustees, Fo	undati	on Manag	ers, F	lighly Pa	aid Em	ployee	es,
	and Contractors			<b></b>						
1	List all officers, directors, trustees, foundation									
	(a) Name and address	hou	e, and average rs per week ed to position	(If r	mpensation not paid, nter -0-)	emplo	Contribution byee benefit erred compo	plans		nse account, Illowances
See A	ttached Statement		00		0					
			00		0					
			00		0					
		<u> </u>	00		0					
2	Compensation of five highest-paid employees "NONE."	(other	than those	include	ed on line '	see			none,	enter ————
	(a) Name and address of each employee paid more than \$50,00	0	(b) Title, and a hours per v devoted to pe	veek	(c) Comper	sation	(d) Contrib employee plans and compen	benefit deferred		nse account, illowances
NON										
			<del></del>		<del> </del>	·				
			•		1					
				<u> </u>		<del></del>				
Total	number of other employees paid over \$50,000							<b>.</b>		

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	· · · · · · · · · · · · · · · · · · ·
	{
All other program-related investments. See instructions	<u> </u>
3	
·	1
***************************************	
Total. Add lines 1 through 3	0
	Form <b>990-PF</b> (2016)

Part	<del></del>	foundation	ons,
	see instructions.)	[24] [25]	<u> </u>
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
_	purposes Avances monthly four module value of appuritus	السندة	EE0 E63
a	Average monthly fair market value of securities	1a	550,563
b	Average of monthly cash balances	1b	101,142
C	Fair market value of all other assets (see instructions)	1c	CE4 70E
d	Total (add lines 1a, b, and c) .	1d	651,705
е	Reduction claimed for blockage or other factors reported on lines 1a and		
•	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets .	3	654.705
3	Subtract line 2 from line 1d	-	651,705
4	Cash deemed held for charitable activities Enter 1½ % of line 3 (for greater amount, see		0.776
_	Instructions)	4	9,776
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	641,929
6 Post	Minimum investment return. Enter 5% of line 5  XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating	6	32,096
Part	foundations and certain foreign organizations check here   and do not complete this part )		
-	<u> </u>		22.006
1	Minimum investment return from Part X, line 6  Tax on investment income for 2016 from Part VI, line 5  2a  201	1	32,096
2a			
b	Income tax for 2016 (This does not include the tax from Part VI)  Add lines 2a and 2b		201
C		2c	201
3	Distributable amount before adjustments Subtract line 2c from line 1	3	31,895
4	Recoveries of amounts treated as qualifying distributions	4	24 905
5	Add lines 3 and 4	5	31,895
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,	_	04 005
	line 1	7	31,895
Par	XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	1500 12	
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	21,438
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	671 CP 0	
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	21,438
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	21,438
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating when the column (b) in subsequent years when calculating when the column (b) is a subsequent years when calculating when the column (b) is a subsequent years when calculating when the column (b) is a subsequent years when calculating when the column (b) is a subsequent years when calculating when the column (b) is a subsequent years when calculating when the column (b) is a subsequent years when calculating when the column (b) is a subsequent years when calculating when the column (b) is a subsequent years when calculating when the column (b) is a subsequent years when calculating when the column (b) is a subsequent years when calculating when the column (b) is a subsequent years when calculating when the column (b) is a subsequent years when the column (b) is a subsequent year years when the column (b) is a subsequent year years when the column (b) is a subsequent year years when the column (b) is a subsequent year years when the column (b) is a subsequent year years when years year	nether the f	
	qualifies for the section 4940(e) reduction of tax in those years		

Part	XIII Undistributed Income (see instructions)				
1	Distributable amount for 2016 from Part XI, line 7	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
2					31,895
2	Undistributed income, if any, as of the end of 2016				
a	Enter amount for 2015 only			21,332	
ь	Total for prior years 20 12 , 20 13 , 20 14		77,719		
3	Excess distributions carryover, if any, to 2016				
a	From 2011		_		
b	From 2012				
C	From 2013				
d	From 2014				
e	From 2015				'
f	Total of lines 3a through e	0			
4	Qualifying distributions for 2016 from Part XII,				
	line 4 ▶ \$21,438				,
а	Applied to 2015, but not more than line 2a			21,332	
b	Applied to undistributed income of prior years				
	(Election required—see instructions)				
С	Treated as distributions out of corpus (Election	Í			
	required—see instructions) .				
	Applied to 2016 distributable amount				106
е	Remaining amount distributed out of corpus				
5	Excess distributions carryover applied to 2016				
	(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:				
a	Corpus Add lines 3f, 4c, and 4e Subtract line 5	0			<del></del>
þ	Prior years' undistributed income Subtract				
	line 4b from line 2b		77,719		
С	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has	}			
	been issued, or on which the section 4942(a)				·
	tax has been previously assessed			<del></del>	
d	Subtract line 6c from line 6b Taxable				
	amount—see instructions	ļ	77,719	<del> </del>	
е	Undistributed income for 2015 Subtract line				:
	4a from line 2a Taxable amount—see				
_	instructions		· · · · · · · · · · · · · · · · · · ·	0	
f	Undistributed income for 2016 Subtract lines				
	4d and 5 from line 1 This amount must be				
_	distributed in 2017			<del></del>	31,789
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be				
_	required—see instructions) .		·····		
8	Excess distributions carryover from 2011 not				
_	applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2017.				
	Subtract lines 7 and 8 from line 6a				
10	Analysis of line 9.				
а	Excess from 2012				
b	Excess from 2013				
C	Excess from 2014				
d	Excess from 2015				
е	Excess from 2016				

Form 99	00-PF (2016) CHARLES & KIMBERI	Y HEMMER FOL	JNDATION		37-137	9077 Page <b>10</b>
Part	XIV Private Operating Foundation	ons (see instruc	tions and Part V	II-A, question 9)		N/A
1a	If the foundation has received a ruling of		•	vate operating		
	foundation, and the ruling is effective for		_	•		
_	Check box to indicate whether the foundation	· · · · · · · · · · · · · · · · · · ·	iting foundation des	cribed in section	4942(j)(	3) or 4942(j)(5)
2a	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Pnor 3 years		(e) Total
	investment return from Part X for	(a) 2016	(b) 2015	(c) 2014	(d) 2013	
	each year listed		<del> </del>	<del></del>		0
	85% of line 2a			-		0
С	Qualifying distributions from Part XII, line 4 for each year listed					o
d	Amounts included in line 2c not used directly			<del> </del>		
u	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	Complete 3a, b, or c for the					
	alternative test relied upon					
а	"Assets" alternative test—enter		•			
	(1) Value of all assets		<u> </u>	<b> </b>		0
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					_
b	"Endowment" alternative test—enter 2/3			<del> </del>		0
-	of minimum investment return shown in					0
	Part X, line 6 for each year listed	<u> </u>	<del> </del>	<del> </del>		<u> </u>
C	"Support" alternative test—enter  (1) Total support other than gross					
	investment income (interest,					
	dividends, rents, payments on securities loans (section	1	1	ļ		
	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		}		ļ	
	an exempt organization					0
D-4	(4) Gross investment income	. (Complete thi	is most only if Al	a formulation ba	d \$5 000	0
Part	Supplementary Information any time during the year—	•		ie foundation na	a \$5,000 or mor	e in assets at
	Information Regarding Foundation		15.)		<del></del>	
a	List any managers of the foundation w		ed more than 2%	of the total contribu	tions received by t	he foundation
_	before the close of any tax year (but or				•	no roundation
	, , ,	•		,,,		
b	List any managers of the foundation w	ho own 10% or m	ore of the stock of	f a corporation (or a	n equally large por	rtion of the
	ownership of a partnership or other en					
2	Information Regarding Contribution					
	Check here ► 🗓 if the foundation or	nly makes contrib	utions to preselec	ted charitable organ	nizations and does	not accept
	unsolicited requests for funds. If the for		utts, grants, etc (s	see instructions) to	individuals or orgai	nizations
	under other conditions, complete items				<del></del>	
а	The name, address, and telephone nu	mber or e-mail ad	aress of the perso	on to whom applicat	tions should be add	dressed
b	The form in which applications should	be submitted and	information and r	naterials they shoul	d include	
	Any submission deadlines		<del></del>	<del></del>	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	<del></del>
d	Any restrictions or limitations on award	is, such as by geo	ographical areas,	charitable fields, kir	ids of institutions, o	or other
	factors					

Part XV Supplementary Information (continued)

Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient show any relationship to Purpose of grant or status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year ALLIANCE DEFENDING FREEDOM DONATION 1,000 15100 90TH ST SCOTTSDALE, AZ 85260 DONATION AMERICAN CANCER SOCIETY 50 2250 MICHIGAN AVE **CHICAGO, IL 60601** DONATION APOSTOLIC CHRISTIAN CHURCH 500 3420 N SHERIDAN RD **PEORIA, IL 61604** DONATION **BEREAN PRISON MINISTRY** 2,000 PO BOX 761 **PEORIA, IL 61652** DONATION **CADRE MINISTRIES** 1,000 **BOX 278** SYCAMORE, IL 60178 DONATION 800 **CAMP OF CHAMPIONS** 4100 N BRANDYWINE DR 211A **PEORIA. IL 61614** DONATION CHILDRENS HOSPITAL OF ILLINOIS 100 530 W NEBRASKA **PEORIA, IL 61603 CHRISTIAN CENTER** DONATION 200 4100 N BRANDYWINE **PEORIA, IL 61614 COMPASSION INTERNATIONAL** DONATION 150 12290 VOYAGER PKWY COLORADO SPRINGS, CO 80921 DONATION 200 **EASTER SEALS 507 E ARMSTRONG PEORIA, IL 61603** HANDS FOR HIM DONATION 100 1867 COUNTY RD 1400 N ROANOKE, IL 61561 See Attached Statement 21,227 3a Total **b** Approved for future payment Total

Da	4 VVI A Analysis of Income	- Deadwales Ast	1				
	rt XVI-A Analysis of Incomer gross amounts unless otherwise			siness income	Evoluted by section	on 512, 513, or 514	
		maicaced	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See instructions)
1	Program service revenue			<del></del> ,		25,400	(200
	a CONTRIBUTIONS				01	25,492	
	b	1					<del></del>
	·						
	de						
	f	<del></del>					-
	g Fees and contracts from governm	nent agencies		•		· · · · · · · · · · · · · · · · · · ·	
2		_					
3	Interest on savings and temporary cas	sh investments			14	9	
4	Dividends and interest from secur	nties			14	4,424	
5	Net rental income or (loss) from re	eal estate					
	a Debt-financed property						
_	b Not debt-financed property						
6		ersonal property		····			
7	Other investment income				40	5.000	
8 9	Gain or (loss) from sales of assets oth Net income or (loss) from special				18	5,990	
10	Gross profit or (loss) from sales or				<del> </del>		
11	Other revenue a						· · · · · · · · · · · · · · · · · · ·
•	b						
	c			· · · · · · · · · · · · · · · · · · ·			
						<del></del>	
	d	i	i i				
	e						
	e Subtotal Add columns (b), (d), an	nd (e)		0		35,915	
13	Subtotal Add columns (b), (d), an	nd (e) d), and (e)		0		35,915 <b>13</b>	
<b>13</b> (See	Subtotal Add columns (b), (d), an Total. Add line 12, columns (b), (de worksheet in line 13 instructions t	nd (e) d), and (e) to verify calculations					
13 (See Pa	Subtotal Add columns (b), (d), an Total. Add line 12, columns (b), (deworksheet in line 13 instructions to tax VI-B Relationship of Additional Relationship	nd (e) d), and (e) to verify calculations	ccomplishme	ent of Exempt	Purposes	13	35,915
13 (See Pa Lin	Subtotal Add columns (b), (d), an Total. Add line 12, columns (b), (de worksheet in line 13 instructions t	nd (e) d), and (e) to verify calculations ctivities to the Activity for which income	ccomplishme	ent of Exempt	Purposes	13	35,915
13 (See Pa Lin	Subtotal Add columns (b), (d), an Total. Add line 12, columns (b), (c worksheet in line 13 instructions t rt XVI-B Relationship of Ac le No. Explain below how each ac	nd (e) d), and (e) to verify calculations ctivities to the Activity for which income	ccomplishme	ent of Exempt	Purposes	13	35,915
13 (See Pa Lin	Subtotal Add columns (b), (d), an Total. Add line 12, columns (b), (c worksheet in line 13 instructions t rt XVI-B Relationship of Ac le No. Explain below how each ac	nd (e) d), and (e) to verify calculations ctivities to the Activity for which income	ccomplishme	ent of Exempt	Purposes	13	35,915
13 (See Pa Lin	Subtotal Add columns (b), (d), an Total. Add line 12, columns (b), (c worksheet in line 13 instructions t rt XVI-B Relationship of Ac le No. Explain below how each ac	nd (e) d), and (e) to verify calculations ctivities to the Activity for which income	ccomplishme	ent of Exempt	Purposes	13	35,915
13 (See Pa Lin	Subtotal Add columns (b), (d), an Total. Add line 12, columns (b), (c worksheet in line 13 instructions t rt XVI-B Relationship of Ac le No. Explain below how each ac	nd (e) d), and (e) to verify calculations ctivities to the Activity for which income	ccomplishme	ent of Exempt	Purposes	13	35,915
13 (See Pa Lin	Subtotal Add columns (b), (d), an Total. Add line 12, columns (b), (c worksheet in line 13 instructions t rt XVI-B Relationship of Ac le No. Explain below how each ac	nd (e) d), and (e) to verify calculations ctivities to the Activity for which income	ccomplishme	ent of Exempt	Purposes	13	35,915
13 (See Pa Lin	Subtotal Add columns (b), (d), an Total. Add line 12, columns (b), (c worksheet in line 13 instructions t rt XVI-B Relationship of Ac le No. Explain below how each ac	nd (e) d), and (e) to verify calculations ctivities to the Activity for which income	ccomplishme	ent of Exempt	Purposes	13	35,915
13 (See Pa Lin	Subtotal Add columns (b), (d), an Total. Add line 12, columns (b), (c worksheet in line 13 instructions t rt XVI-B Relationship of Ac le No. Explain below how each ac	nd (e) d), and (e) to verify calculations ctivities to the Activity for which income	ccomplishme	ent of Exempt	Purposes	13	35,915
13 (See Pa Lin	Subtotal Add columns (b), (d), an Total. Add line 12, columns (b), (c worksheet in line 13 instructions t rt XVI-B Relationship of Ac le No. Explain below how each ac	nd (e) d), and (e) to verify calculations ctivities to the Activity for which income	ccomplishme	ent of Exempt	Purposes	13	35,915
13 (See Pa Lin	Subtotal Add columns (b), (d), an Total. Add line 12, columns (b), (c worksheet in line 13 instructions t rt XVI-B Relationship of Ac le No. Explain below how each ac	nd (e) d), and (e) to verify calculations ctivities to the Activity for which income	ccomplishme	ent of Exempt	Purposes	13	35,915
13 (See Pa Lin	Subtotal Add columns (b), (d), an Total. Add line 12, columns (b), (c worksheet in line 13 instructions t rt XVI-B Relationship of Ac le No. Explain below how each ac	nd (e) d), and (e) to verify calculations ctivities to the Activity for which income	ccomplishme	ent of Exempt	Purposes	13	35,915
13 (See Pa Lin	Subtotal Add columns (b), (d), an Total. Add line 12, columns (b), (c worksheet in line 13 instructions t rt XVI-B Relationship of Ac le No. Explain below how each ac	nd (e) d), and (e) to verify calculations ctivities to the Activity for which income	ccomplishme	ent of Exempt	Purposes	13	35,915
13 (See Pa Lin	Subtotal Add columns (b), (d), an Total. Add line 12, columns (b), (c worksheet in line 13 instructions t rt XVI-B Relationship of Ac le No. Explain below how each ac	nd (e) d), and (e) to verify calculations ctivities to the Activity for which income	ccomplishme	ent of Exempt	Purposes	13	35,915
13 (See Pa Lin	Subtotal Add columns (b), (d), an Total. Add line 12, columns (b), (c worksheet in line 13 instructions t rt XVI-B Relationship of Ac le No. Explain below how each ac	nd (e) d), and (e) to verify calculations ctivities to the Activity for which income	ccomplishme	ent of Exempt	Purposes	13	35,915
13 (See Pa Lin	Subtotal Add columns (b), (d), an Total. Add line 12, columns (b), (c worksheet in line 13 instructions t rt XVI-B Relationship of Ac le No. Explain below how each ac	nd (e) d), and (e) to verify calculations ctivities to the Activity for which income	ccomplishme	ent of Exempt	Purposes	13	35,915
13 (See Pa Lin	Subtotal Add columns (b), (d), an Total. Add line 12, columns (b), (c worksheet in line 13 instructions t rt XVI-B Relationship of Ac le No. Explain below how each ac	nd (e) d), and (e) to verify calculations ctivities to the Activity for which income	ccomplishme	ent of Exempt	Purposes	13	35,915
13 (See Pa Lin	Subtotal Add columns (b), (d), an Total. Add line 12, columns (b), (c worksheet in line 13 instructions t rt XVI-B Relationship of Ac le No. Explain below how each ac	nd (e) d), and (e) to verify calculations ctivities to the Activity for which income	ccomplishme	ent of Exempt	Purposes	13	35,915
13 (See Pa Lin	Subtotal Add columns (b), (d), an Total. Add line 12, columns (b), (c worksheet in line 13 instructions t rt XVI-B Relationship of Ac le No. Explain below how each ac	nd (e) d), and (e) to verify calculations ctivities to the Activity for which income	ccomplishme	ent of Exempt	Purposes	13	35,915
13 (See Pa Lin	Subtotal Add columns (b), (d), an Total. Add line 12, columns (b), (c worksheet in line 13 instructions t rt XVI-B Relationship of Ac le No. Explain below how each ac	nd (e) d), and (e) to verify calculations ctivities to the Activity for which income	ccomplishme	ent of Exempt	Purposes	13	35,915
13 (See Pa Lin	Subtotal Add columns (b), (d), an Total. Add line 12, columns (b), (c worksheet in line 13 instructions t rt XVI-B Relationship of Ac le No. Explain below how each ac	nd (e) d), and (e) to verify calculations ctivities to the Activity for which income	ccomplishme	ent of Exempt	Purposes	13	35,915
13 (See Pa Lin	Subtotal Add columns (b), (d), an Total. Add line 12, columns (b), (c worksheet in line 13 instructions t rt XVI-B Relationship of Ac le No. Explain below how each ac	nd (e) d), and (e) to verify calculations ctivities to the Activity for which income	ccomplishme	ent of Exempt	Purposes	13	35,915
13 (See Pa Lin	Subtotal Add columns (b), (d), an Total. Add line 12, columns (b), (c worksheet in line 13 instructions t rt XVI-B Relationship of Ac le No. Explain below how each ac	nd (e) d), and (e) to verify calculations ctivities to the Activity for which income	ccomplishme	ent of Exempt	Purposes	13	35,915

Form 990-PF (2016) CHARLES & KIMBERLY HEMMER FOUNDATION 37-1379077 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? Transfers from the reporting foundation to a noncharitable exempt organization of (1) Cash 1a(1) (2) Other assets **b** Other transactions (1) Sales of assets to a noncharitable exempt organization 1b(1) (2) Purchases of assets from a noncharitable exempt organization 1b(2) (3) Rental of facilities, equipment, or other assets 1b(3) (4) Reimbursement arrangements 1b(4) (5) Loans or loan guarantees 1b(5) (6) Performance of services or membership or fundraising solicitations 1b(6) Sharing of facilities, equipment, mailing lists, other assets, or paid employees 1c 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 (a) Line no (b) Amount involved (d) Description of transfers, transactions, and sharing arrangements 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? Yes X No b If "Yes," complete the following schedule (a) Name of organization (b) Type of organization (c) Description of relationship

	Under penalties of perjury, I declare that I have examined this return, including account		of my knowledge and belie	f, it is true
Sign Here	correct, and complete Declaration of grenarer (other than taxpayer) is based on all Signature of officer or trustee Date	-12-17 Treasurer	, ,	May the IRS discuss this return with the preparer shown below see instructions)? Yes No
Paid	PentyTyge preparer's name Preparer's	Watter Date 5/1.	Check self-em	of POISSON
Prepar	I Firm's name ▶		Firm's EIN ▶	
Use O	Firm's address		Phone no	
			· · · · · · · · · · · · · · · · · · ·	Form <b>990-PF</b> (2016)

### 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.

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Employer identification number

CHARLES & KIMBERLY HE		37-1379077
Organization type (check or	ne)	
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 for	oundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private found	dation
	X 501(c)(3) taxable private foundation	
• •	covered by the <b>General Rule</b> or a <b>Special Rule</b> . (7), (8), or (10) organization can check boxes for both the General Rule a	nd a Special Rule See
General Rule		
	filing Form 990, 990-EZ, or 990-PF that received, during the year, contrib r property) from any one contributor. Complete Parts I and II. See instruc ntributions	
Special Rules		
regulations under se 13, 16a, or 16b, and	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 99 I that received from any one contributor, during the year, total contributor the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1	90 or 990-EZ), Part II, line ns of the greater of <b>(1)</b>
contributor, during the	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that ne year, total contributions of more than \$1,000 exclusively for religious, hal purposes, or for the prevention of cruelty to children or animals. Comp	charitable, scientific,
contributor, during the contributions totaled during the year for a	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that he year, contributions exclusively for religious, charitable, etc., purposes, I more than \$1,000. If this box is checked, enter here the total contribution exclusively religious, charitable, etc., purpose. Don't complete any of the total contribution of this organization because it received nonexclusively religious, character during the year.	, but no such ns that were received the parts unless the
	at isn't covered by the General Rule and/or the Special Rules doesn't file	

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization
CHARLES & KIMBERLY HEMMER FOUNDATION

37-1379077

CHARLES	& KINDERLY HEMMER FOUNDATION		37-13/90//
Part I	Contributors (See instructions) Use duplicate copie	s 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	CHARLES & KIMBERLY HEMMER  1119 W BROOKFOREST  PEORIA IL 61615  Foreign State or Province  Foreign Country	\$25,492	Person Payroll Noncash (Complete Part II for noncash contributions)
(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 for noncash contributions)
(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 for noncash contributions)
(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 for noncash contributions )
(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 for noncash contributions )
(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 for noncash contributions)

Name of organization
CHARLES & KIMBERLY HEMMER FOUNDATION

Employer identification number 37-1379077

Part II	Noncash Property (See instructions) Use duplicate co	pies of Part II if additional spa	ce is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	400 SHARES SOUTHWEST AIRLINES	\$ 16,826	2/29/2016
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	120 SHARES NXP SEMICONDUCTOR	\$ 8,666	2/29/2016
(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 org	_				Employer identification number
	& KIMBERLY HEMMER FOUNDATION  Exclusively religious, charitable, etc., of the second s	- antributions	4s compains tions does	أا	37-1379077
Part III	(10) that total more than \$1,000 for the		•		, ,, ,, ,,
	the following line entry For organizations				
	contributions of \$1,000 or less for the year				
	Use duplicate copies of Part III if additional	al space is nee	ded		
(a) No. from	(b) Purpose of gift	(c	) Use of gift	(4	) Description of how gift is held
Part I	(2, 1 a.post o. g.m				
				·	
				1	• • • • • • • • • • • • • • • • • • • •
		(e) T	ransfer of gift		
	Transferee's name, address, and	ZIP + 4	Relationsh	ip of	transferor to transferee
	For Prov Country				
(a) No. from	(b) Purpose of gift	(c	) Use of gift	14	) Description of how gift is held
Part I	(b) I dipose of gift	,,,		\_\ <u>\</u>	
					•
		(e) T	ransfer of gift		·
	]				
	Transferee's name, address, and	ZIP + 4	Relationsh	nip of	transferor to transferee
	For Prov Country				
(a) No. from	(b) Purpose of gift	(6	) Use of gift	(4	) Description of how gift is held
Part I	(b) r urpose of girt	,,,		"	
	***************************************				
		(e) 1	ransfer of gift		
	Transferee's name, address, and	ZIP + 4	Relationsh	nip of	transferor to transferee
	For Prov Country	<del></del>			
(a) No. from	(b) Purpose of gift	100	) Use of gift	(4	) Description of how gift is held
Part I	(b) turpose of gift	( )		,,,	
		(e) T	ransfer of gift		
	Transferee's name, address, and	ZIP + 4	Relationsh	nip of	transferor to transferee
		•			
	For Prov. Country				

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	•	5,819	•			<b>-</b>	-	ģ	5,869
C P						Net Gain	or Loss		
Net Gain	or Loss						Adjustments		
asis, Expenses,	Depreciation and Adjustments	184,860	0				Depreciation		
Cost or Ciner to	Depreciation ar				Expense of Sale	and Cost of	Improvements		
SS	es.	190,479	0			Valuation	Method		
25	Sales					Cost or	Other Basis	10,110	174,550
otals		Capital Gains/Losses	Other sales			Gross Sales	Price	10,080	180,419
		ŭ				Date	Sold	7/29/2016	7/29/2016
						Date	Acquired	12/11/2015	9/2/2009
						Ä	Method	Q.	a
				Check "X" if	Purchaser	15.8	Business		
							Purchaser	WELLS FARGO	WELLS FARGO
					Check "X"	to include	in Part IV	×	×
	Amount	0	0				CUSIP#		
		Long Term CG Distributions	Short Term CG Distributions				Description	1 WELLS FARGO	2 WELLS FARGO

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

	0	0	0	0
			1	Disbursements
	Revenue and			for Charitable
	Expenses per	Net Investment	Adjusted Net	Purposes
Description	Books	Income	Income	(Cash Basis Only)
1 HUNZIKER LAW OFFICE	0			0

Part I, Line 16c (990-PF) - Other Professional Fees

	0	0	0	0
				Disbursements
	Revenue and		j	for Charitable
	Expenses per	Net Investment	Adjusted Net	Purposes
Description	Books	Income	Income	(Cash Basis Only)
1 WELLS FARGO ADVISOR FEES	0			0

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

		186	186	0	186
	Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
1	Real estate tax not included in line 20	0			
2	Tax on investment income	186	186		186
3	Income tax	0			

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

	25	25	0	25
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
1 ILLINOIS CHARITY FUND	15	15		15
2 SECRETARY OF STATE	10	10		10

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

i			553,521	398,366	613,544	476,288
		Num Shares/	Book Value	Book Value	FMV	FMV
	Description	Face Value	Beg of Year	End of Year	Beg of Year	End of Year
-	MUTUAL FUNDS		258,621	110,609	244,108	111,506
7	STOCKS		294,900	287,757	369,436	364,782
က	OPTIONS					

MBERLY HEMMER FOUNDATION	
CHARLES & KIMI	

	Name	Check "X"	Street	Cita	State	Zip Code	Foreign Country	Title	Avg Hrs Per Week	Compensation	Benefits	Expense
ME	WILLIS L HUNZIKER		6121 KNOLLAI	PEORIA	=	61614		DIR		0		•
- BR	BRUCE GRAHAM		14724 MENDENHALL RD	PRINCEVILLE	릴	61559		DIR		0		
Z KEN	KEN HOERR		9616 N RT 91	PEORIA	=	61615		DIR		0		
3 BRE	BRENT TUEBEL		12128 N ALLEN RD	DUNLAP	=	61525		OIR		0		
₽ ¥ ¥	CHARLES HEMMER		1119 W BROOKFOREST DR	PEORIA	=	61615		DIR		0		
5 THO	THOMAS FRANK		5610 N WOODLAND CT	PEORIA	2	61614		DIR		0		
9		×			-			-		0		

Part XIII, Line 2a, Column C (990-PF) - Prior Year Undistributed Income		
1 Distributable amounts for 2015 that remained undistributed at the beginning of the 2016 tax year	1	21,332
2	2	
3	3	
4	4	
5	5	
6	6	
7	7	
8	8	
9	9	
10 Total	10	21,332
Part XIII, Line 2b, Column B (990-PF) - Undistributed Income for Prior Years  1 Undistributed Income for the 3rd year 2014		28,592
2 Undistributed income for the 4th year 2013	2	26,392
3 Undistributed income for the 5th year 2012	3	22,735
4 Total	. 4	77,719