EXTENDED TO NOVEMBER 15, 20 Return of Private Foundation 2018

Form **990-PF** Department of the Treasury Internal Revenue Service

or Section 4947(a)(1) Trust Treated as Private Foundation ▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990PF for instructions and the latest information.

Form 990-PF (2017)

	OF C	aren	dar year 2017 or tax year beginning		, and ending		
- 1			foundation			A Employer identification	number
			CLOVER FIELDS PRESERVA	TION			
_	_		NDATION, INC.		··	20-0818142	
1			nd street (or P O box number if mail is not delivered to street	•	Room/suite	B Telephone number	• •
_			DEAN BARR, 50 S 6TH ST		]1500	612-492-64	40
(	-		own, state or province, country, and ZIP or foreign p			C If exemption application is pe	ending, check here
_	_		NEAPOLIS, MN 55402-149			_	
G	С	heck	all that apply: Initial return		ormer public charity	D 1. Foreign organizations	s, check here
			Final return	Amended return		Foreign organizations me check here and attach col	eting the 85% test,
_	_		Address change	Name change		check here and attach co	mputation
H	C		type of organization: X Section 501(c)(3) e		1	E If private foundation sta	. —
<u>.</u>		_	ction 4947(a)(1) nonexempt charitable trust	Other taxable private founda		under section 507(b)(1)	(A), check here
ı			· I ——	ing method: X Cash	Accrual /	F If the foundation is in a	
				ther (specify)	0)	under section 507(b)(1)	(B), check here
13	<u>▶</u>		5 , 702 , 247 . (Part I, colu	T			(d) 0
13	<u> ;a</u>	TT;II	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes
-	$\neg$		necessarily equal the amounts in column (a) )	6,054,200.			(cash basis only)
			Contributions, gifts, grants, etc., received		the way to the way to the form	Ber milk to al waterier 1 to	المعاشد على المراجعين ما المعاشد على المراجعين المراجعين المراجعين المراجعين المراجعين المراجعين المراجعين الم
		2	Check I if the foundation is not required to attach Sch. 8 Interest on savings and temporary	3.	3.	Banana ta matan masanda I	STATEMENT 1
		3	cash investments	3.	J•		STATEMENT T
		4	Dividends and interest from securities				
			Gross rents	Read the Contain that it	BORNE TO BE WELL TORNITTY	(	The State of the S
		_	Net rental income or (loss)	DEOEWER	1	The second of th	Take a gradu to the
	e		Net gain or (loss) from sale of assets not on line 10 Gross sales price for all	RECEIVE	303 7	CLEV 19 19 Constitution of the Constitution of	2 2 2
	Revenue		assets on line 6a	Color Company of the color		Control of the second	S to the state of
	3e		Capital gain net income (from Part IV, line 2)	81- NOV 10-9-2018	O .	Chrostin market market	La
		8	Net short-term capital gain	O the fact which we wanted	<u> </u>	<del></del>	The second of the second
			Income modifications Gross sales less returns	COCOEN IT		1 % N=000 / 1 - 10 - 200 - 1	المستدان طعفيه الأحاد الما
		-	and allowances	INCOUNTY OF	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	8-16-10-10-10-10-10-10-10-10-10-10-10-10-10-
			Less Cost of goods sold	BEAL PROPERTY.		Manual and a sunt of	5 . 2
2			Gross profit or (loss)	<u> </u>	1		3-1-2
	- {		Other income	6,054,203.	3.		المنظم ا
-6	+		Total Add lines 1 through 11	0,054,203.	0.	<u> </u>	
_		13	Compensation of officers, directors, trustees, etc	0.	0.		0.
≥	- {		Other employee salaries and wages		<del></del>		<del></del>
_	- 1		Pension plans, employee benefits	<del></del>			
2	ses		Legal fees	1 000	0.		0.
0 2019	per		Accounting fees STMT 2	1,000.	Ų.		<u> </u>
₹	ŭ		Other professional fees				<del></del>
ဓ	į		Interest	E 525	0.		5,535.
	tra		Taxes STMT 3	5,535.	<u> </u>		5,333.
	inis		Depreciation and depletion	<del></del>	<del></del>		
	튐		Occupancy				
	Ϋ́		Travel, conferences, and meetings				
	au		Printing and publications	20 074	0.		10 612
	<u>5</u>		Other expenses STMT 4	20,074.	<u> </u>	<del> </del>	19,613.
	Operating and Administrative Expens	24	Total operating and administrative	26 600	^		25 140
	Spe	٥-	expenses. Add lines 13 through 23	26,609.	0.	TOTAL SECTION SE	25,148.
			Contributions, gifts, grants paid		المستعادة المستداء المعالمة	a marana (all'aria (hi dan mara) d	<del></del>
	-	26	Total expenses and disbursements	26 600	0.		25,148.
-	-+		Add lines 24 and 25	26,609.		The second of the second of	(7-,
			Subtract line 26 from line 12	6,027,594.		K. E. P. ST. T. ST. T.	Ria Persession Con
	-		Excess of revenue over expenses and disbursements	6,027,594.	3.		The second of
			Net investment income (if negative, enter -0-)		King King II.	N/A	bing a train of market with the contract of
	- 1	C	Adjusted net income (if negative enter -0-)	المحسندات سيخترس المستواد	والمستعلق المستعلق ال	I 1/1/1/	الكاء وتتسر وسنسو الانتهارات الانتهارات

THE CLOVER FIELDS PRESERVATION Form 990-PF (2017) 20-0818142 FOUNDATION, INC. Page 2 Beginning of year End of year Attached schedules and amounts in the description Partill Balance Sheets column should be for end-of year amounts only (c) Fair Market Value (a) Book Value (b) Book Value 1 Cash - non-interest-bearing 3,547. 60,834. 60,834 2 Savings and temporary cash investments 3 Accounts receivable ► Less: allowance for doubtful accounts 4 Pledges receivable Less: allowance for doubtful accounts 5 Grants receivable 6 Receivables due from officers, directors, trustees, and other disqualified persons 7 Other notes and loans receivable Less: allowance for doubtful accounts Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Investments - U.S. and state government obligations 5,069,200. 5,070,580. STMT 5 b Investments - corporate stock c Investments - corporate bonds 11 Investments - land, buildings, and equipment basis Less accumulated depreciation 12 Investments - mortgage loans 13 Investments - other The Land of the la 14 Land, buildings, and equipment: basis Less accumulated depreciation 15 Other assets (describe ► PROPERTY AT 500 FOR 901,107. 570,833. 0. 16 Total assets (to be completed by all filers - see the 3,547. 6,031,141 instructions. Also, see page 1, item I) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Loans from officers, directors, trustees, and other disqualified persons Mortgages and other notes payable 22 Other liabilities (describe 0 Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here and complete lines 24 through 26, and lines 30 and 31 Balances 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted  $\triangleright X$ **Assets or Fund** Foundations that do not follow SFAS 117, check here and complete lines 27 through 31 0. 27 Capital stock, trust principal, or current funds 0. 0. 28 Paid-in or capital surplus, or land, bldg, and equipment fund 3,547. 6,031,141 Retained earnings, accumulated income, endowment, or other funds 3,547. 6,031,141 30 Total net assets or fund balances 3,547. 6,031,141 31 Total liabilities and net assets/fund balances Analysis of Changes in Net Assets or Fund Balances Part III

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30		
	(must agree with end-of-year figure reported on prior year's return)	1	3,547.
2	Enter amount from Part I, line 27a	2	6,027,594.
3	Other increases not included in line 2 (itemize)	3	0.
4	Add lines 1, 2, and 3	4	6,031,141.
5	Decreases not included in line 2 (itemize)	5	0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	6,031,141.

	NDATION, INC.	n Invantment	Incomo		20-08	18142 Page 3
(a) List and describe	and Losses for Tax of the kind(s) of property sold (fo	r example, real esta		(b) How acquired P - Purchase D - Donation	(c) Date acquired	
<del></del>	rehouse; or common stock, 20	0 shs. MLC Co.)		D - Donation	(mo., day, yr.)	(mo., day, yr.)
h NO	NE		<del></del>	<del> </del>		<del></del>
b NO	<u> </u>					<del></del>
d		<del></del>				<del></del>
e						
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale		(h) Gain or (lo ((e) plus (f) min	
a						
<u>b</u>						<del></del>
<u>C</u>		<del></del>				
<u>d</u>	<del></del>					<del></del>
Complete only for assets showin	a dain in column (h) and owne	d by the foundation	on 12/31/69		Gains (Col. (h) g	an minus
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Ex	cess of col. (I)		(k), but not less t Losses (from co	han -0-) or
a						
b	<del></del>	<del>-  </del>				
С						
d						
<u>e</u>						
2 Capital gain net income or (net ca	pital loss) { If gain, also if (loss), en	enter in Part I, line ter -0- in Part I, line	7 7	} 2		
3 Net short-term capital gain or (los If gain, also enter in Part I, line 8,	s) as defined in sections 1222(					
If (loss), enter -0- in Part I, line 8				] 3		
Part Vi Qualification U	nder Section 4940(e)	for Reduced	Tax on Net	Investment Inco	me	
(For optional use by domestic private	foundations subject to the sec	tion 4940(a) tax on	net investment in	come.)		
If section 4940(d)(2) applies, leave th	nis part blank.					
				10		
Was the foundation liable for the sect if "Yes," the foundation doesn't qualify			•	1007		Yes X No
1 Enter the appropriate amount in 6				ntries.		
(a)	(b)		oro maming any o	(c)		(d) tribution ratio
Base periód years Calendar year (or tax year beginnii	Advistad avalifium		Net value of no	oncharitable-use assets	(col. (b)	tribution ratio divided by col. (c))
2016		12,342.		3,060	•	4.033333
2015		2,699.		2,967		.909673
2014		6,125.	····	729		8.401920
2013		2,418.		2,998		.806538
2012		4,330.		7,199	•	.601472
2 Total of line 1, column (d)					2	14.752936
3 Average distribution ratio for the		total on line 2 by 5.0	0, or by the numb	er of years		2 050507
the foundation has been in exister	nce if less than 5 years				3	2.950587
4 Enter the net value of noncharitab	le-use assets for 2017 from Pa	rt X, line 5			4	220,169.
5 Multiply line 4 by line 3					5	649,628.
6 Enter 1% of net investment incom	ie (1% of Part I, line 27b)				6	0.
7 Add lines 5 and 6					7	649,628.
8 Enter qualifying distributions from	n Part XII, line 4				8	25,148.
If line 8 is equal to or greater than See the Part VI instructions.	line 7, check the box in Part V	i, line 1b, and comp	lete that part usin	ig a 1% tax rate.		

#### THE CLOVER FIELDS PRESERVATION

			)818142 Page 4
Pa	rt VII Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 49	<u>48 - s</u>	see instructions)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.	<b>i</b> il·	
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)	الأعدا	
ь	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	1	0.
	of Part I, line 27b		
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	2	0.
3	Add lines 1 and 2	3	0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	4	0.
5	Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-	5	0.
6	Credits/Payments:	, ****	Wales
а	2017 estimated tax payments and 2016 overpayment credited to 2017 6a 187.		الموسيد الإسارة
	Exempt foreign organizations - tax withheld at source 6b 0.	. ]	
	Tax paid with application for extension of time to file (Form 8868)  6c  0.	,	
	Backup withholding erroneously withheld 6d 0.		
	Total credits and payments. Add lines 6a through 6d	7	187.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8	0.
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	
10	· · · · · · · · · · · · · · · · · · ·	10	187.
	Enter the amount of line 10 to be: Credited to 2018 estimated tax	11	0.
	rt VII;Ay Statements Regarding Activities		
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene i		Yes No
	any political campaign?		1a X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definit	ion	1b X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or		
	distributed by the foundation in connection with the activities.		
C	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] [1] [1]
	(1) On the foundation. ▶ \$ 0 . (2) On foundation managers. ▶ \$ 0 .		
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation		
	managers. ► \$0.		<u> </u>
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 incorporation, or		be chine it has it
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3 X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a X
	If "Yes," has it filed a tax return on Form 990-T for this year?	N/	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5 X
_	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	١.	
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state legislation.	aw	1 V
_	remain in the governing instrument?		6 X
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV		7 X
•	For the state of the forest and the second to the forest and the second of the second		
Ba	Enter the states to which the foundation reports or with which it is registered. See instructions.		
	MD  If the accuracy is "Vee" to line 7, her the foundation furnished a copy of Form 000-DE to the Attorney General (or decimate)	<del></del>	
0	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)		8b X
0	of each state as required by General Instruction G2 If "No," attach explanation  Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calen	dar	1. 1 2 2
9	year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV	uai	9 X
10	Did any persons become substantial contributors during the tax year? If Yes, attach a schedule listing their names and addresses		10 X
	Sid will personne deporting deportation desired desired and tax your in 163, attach a seriode family manifest and addresses		

	990-PF (2017) FOUNDATION, INC. 20-081	8142		Page 5
Pa	rt.VII-A1 Statements Regarding Activities (continued)			
			Yes	No
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?	1 1		
	If "Yes," attach statement. See instructions	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	<u> </u>
	Website address ► N/A			
14	The books are in care of ▶ DEAN D. BARR, DORSEY & WHITNEY LLP Telephone no. ▶ 612-4			
	Located at ► 50 SOUTH 6TH STREET, SUITE 1500, MINNEAPOLIS, MN ZIP+4 ►5	5402-	-14	98
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		, <b>.</b> ▶	·
	and enter the amount of tax-exempt interest received or accrued during the year	N,		
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	1		
i Da	foreign country	_		
[F	art VII Statements Regarding Activities for Which Form 4720 May Be Required	احقسم	V	Na
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		165	No
12	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?  Yes X No			
	a disqualified person?  Yes X No  (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?  Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?  Yes X No		1	
				, I
	(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			
h	of fany answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions  N/A	1b		
	Organizations relying on a current notice regarding disaster assistance, check here			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
_	before the first day of the tax year beginning in 2017?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
	defined in section 4942(j)(3) or 4942(j)(5)):			1
а	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2017?			
	If "Yes," list the years $\blacktriangleright$ ,,,			
b	If "Yes," list the years \( \bigs \) . The there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect).			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions ) N/A	2b		
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
3a				
	during the year?			
b	If "Yes," did it have excess business holdings in 2017 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 2017.)  N/A	3b		177
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			v
	had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b   orm 990	-DE	(2017)
	<b>•</b>	いいい シンし		1/01/1

Rart VIL By Statements Regarding Activities for Which Fo	orm 4720 May Be Re	equired (contin	ued)	
5a During the year, did the foundation pay or incur any amount to:				Yes No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	4945(e))?	Y	es 🗓 No 🖫	
(2) Influence the outcome of any specific public election (see section 4955); or		ctly,	_	14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
any voter registration drive?	,		es 🗓 No	로 제 (* ) : 기
(3) Provide a grant to an individual for travel, study, or other similar purposes?	)		es X No	
(4) Provide a grant to an organization other than a charitable, etc., organization				
4945(d)(4)(A)? See instructions		v <sub>€</sub>	es X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational nurnoses, or fo		, i	
the prevention of cruelty to children or animals?	or outdenting perpodus, or re		es X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	ar the excentions described in		,	
section 53.4945 or in a current notice regarding disaster assistance? See instru		ii riegulations	N/A	5b
				<del>्रें</del> ते. पट्ना
Organizations relying on a current notice regarding disaster assistance, check h		and		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fro			— "	
expenditure responsibility for the grant?	14	/A Y	es 🔲 No 📙	
If "Yes," attach the statement required by Regulations section 53.4945-5(d).			ľ	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	ay premiums on		्राच् <u>र</u> ा ।	
a personal benefit contract?		Y	es 🗓 No 🏻	3 7 7
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a po	ersonal benefit contract?		-	6b X
If "Yes" to 6b, file Form 8870.			[35]	
7a At any time during the tax year, was the foundation a party to a prohibited tax st		Yı	es X No	
b If "Yes," did the foundation receive any proceeds or have any net income attribut	table to the transaction?	amana Iliataba	N/A	7b
Rart VIII Information About Officers, Directors, Truste Paid Employees, and Contractors	es, Foundation Mar	agers, Hignly		
List all officers, directors, trustees, and foundation managers and the	eir compensation	<del></del>		
List all Officers, directors, trustees, and foundation managers and the	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expense
(a) Name and address	hours per week devoted	(If not paid.	employee benefit plans and deferred	account, other
STEPHEN J. HEMSLEY	to position PRESIDENT & D	'enter'-0-)'	compensation	allowances
522 FERNDALE ROAD WEST	LVESIDENI & D	IRECTOR	İ	
WAYZATA, MN 55391	1.00	0.	0.	0.
	VP, TREASURER			<del> </del>
· · · · · · · · · · · · · · · · · · ·	VP, TREASURER	& SECKET	AK I	1
4620 MOORELAND AVENUE	0.50		۸ ا	
EDINA, MN 55424	0.50	0.	0.	0.
<del></del>				
		<del></del>	<b></b>	<del> </del>
		1		
				1
2 Compensation of five highest-paid employees (other than those incl	uded on line 1) If none	enter "NONE "	L,	
2 Compensation of the highest-paid employees (other than those mor	(b) Title, and average	T TOTAL	(d) Contributions to employee benefit plans	(e) Expense
(a) Name and address of each employee paid more than \$50,000	` hours per week "	(c) Compensation	and deterred	(e) Expense account, other allowances
NONE	devoted to position		compensation	allowances
NONE		1		
		<del> </del>	<del> </del>	+
		1		
		<del> </del>	<del> </del>	<del> </del>
			1	
	<del></del>	<del> </del>		<del> </del>
		]	J	j
		<del></del>	<del> </del>	<del> </del>
			1	
	<del></del>	L	<del></del>	0
Total number of other employees paid over \$50,000				U

## THE CLOVER FIELDS PRESERVATION

Form 990-PF (2017)	FOUNDATION, INC.	20-081	.8142 Page 7
Part VIII In	formation About Officers, Directors, Trustees, Foundated Employees, and Contractors (continued)		
3 Five highest-pa	aid independent contractors for professional services. If none, enter	"NONE."	
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NON	<u></u>		
		<u></u>	
		-	
		<del> </del>	<del>-  </del>
		-	
Total number of oth	ers receiving over \$50,000 for professional services		<u>▶</u>   0
	ummary of Direct Charitable Activities		
	s four largest direct charitable activities during the tax year. Include relevant statisti iions and other beneficiaries served, conferences convened, research papers produ		Expenses
1 N/A			
2	<del></del>		
3			
4			
		<del></del>	
Parti  XEBE  Su	mmary of Program-Related Investments		
	gest program-related investments made by the foundation during the tax year on li	ines 1 and 2.	Amount
1 N/A			
2			
<del></del>	· · · · · · · · · · · · · · · · · · ·		
All other program-re	elated investments. See instructions.		
3	nated investments. See instructions.	j	
	1		
			0.
Total. Add lines 1	tnrough 3	<u> </u>	

Form 990-PF (2017)

Page 8

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndation	ns, see instructions )
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:	222	
a	Average monthly fair market value of securities	1a	211,274.
	Average of monthly cash balances	1b	12,248.
	Fair market value of all other assets	10	
d	Total (add lines 1a, b, and c)	1d	223,522.
	Reduction claimed for blockage or other factors reported on lines 1a and		
_	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	223,522.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	3,353.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	220,169.
6	Minimum investment return Enter 5% of line 5	6	11,008.
	art XIII Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations ar	nd certa	
	foreign organizations, check here  and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	11,008.
2a		54	
ь	Income tax for 2017. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	/ 0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	/11,008.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	/ 11,008.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	/ 11,008.
P	art:XIII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	_1a_	25,148.
þ	Program-related investments - total from Part IX-B	_1b_	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	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	25,148.
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	_ 5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	25,148.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years	qualifies	for the section

Form 990-PF (2017)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI, line 7			-	11,008.
2 Undistributed income, if any, as of the end of 2017			· · · · · · · · · · · · · · · · · · ·	/22,0001
a Enter amount for 2016 only			0.	
b Total for prior years:				<del></del>
b rotal for prior years.		0.		. /
3 Excess distributions carryover, if any, to 2017:			*	<u> </u>
a From 2012 3,970.				
b From 2013 2, 268.			· / /	
c From 2014 6,089.			/	
d From 2015 2,551.				
e From 2016 12,189.			, /	
f Total of lines 3a through e	27,067.		/	
4 Qualifying distributions for 2017 from			,	
Part XII, line 4: ►\$ 25,148.			/	
a Applied to 2016, but not more than line 2a	,		/ 0.	j
b Applied to undistributed income of prior	·		/	<del></del>
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus			/	
(Election required - see instructions)	0.	/		
d Applied to 2017 distributable amount				11,008.
e Remaining amount distributed out of corpus	14,140.	/		
5 Excess distributions carryover applied to 2017	0.	/ 🔻		0.
(If an amount appears in column (d), the same amount must be shown in column (a) )	<del></del>	/		,
6 Enter the net total of each column as indicated below:		/		
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	41,207.	j	,	
b Prior years' undistributed income. Subtract		7		<del></del>
line 4b from line 2b		/ o.	1	
c Enter the amount of prior years'	<del></del>		1	
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.	* "	
d Subtract line 6c from line 6b. Taxable		1	74	
amount - see instructions		0.		
e Undistributed income for 2016. Subtract line	<del></del>	1		
4a from line 2a. Taxable amount - see instr.		/	0.	
f Undistributed income for 2017, Subtract				
lines 4d and 5 from line 1. This amount must	f			
be distributed in 2018	f			0.
7 Amounts treated as distributions out of			1	·
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	1			
may be required - see instructions)	/0.		1	
8 Excess distributions carryover from 2012				
not applied on line 5 or line 7	3,970.			
9 Excess distributions carryover to 2018				,
Subtract lines 7 and 8 from line 6a	37 237.			
10 Analysis of line 9.	4		,	
a Excess from 2013 2,268.	/		,	
b Excess from 2014 6,089.	/			
c Excess from 2015 2,551.	/			
d Excess from 2016 12,189.				
e Excess from 2017 14,140.	l i			

#### THE CLOVER FIELDS PRESERVATION

Form 990-PF (2017) FOUNDATI					18142	Page 1
Part XIV Private Operating Fo	<del></del>		<del></del>	N/A	<del></del>	
1 a If the foundation has received a ruling or			· .			
foundation, and the ruling is effective for 2	-		▶ └	<del></del>		
b Check box to indicate whether the foundar		ng foundation described		4942(j)(3) or 49	942(j)(5)	
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years			
income from Part I or the minimum	(a) 2017	(b) 2016	(c) 2015	(d) 2014	(e) Total	
investment return from Part X for	f					1
each year listed			ļ. <u>.</u>		<u> </u>	<u> </u>
b 85% of line 2a	· · · · · · · · · · · · · · · · · · ·			<u> </u>	<u> </u>	
c Qualifying distributions from Part XII,						
line 4 for each year listed						_
d Amounts included in line 2c not						
used directly for active conduct of		{		ĺ	İ	
exempt activities			l		l	
e Qualifying distributions made directly						
for active conduct of exempt activities.						
Subtract line 2d from line 2c  Complete 3a, b, or c for the alternative test relied upon:  a "Assets" alternative test - enter:						
(1) Value of all assets	<del></del>			<del></del>	<del> +</del> -	
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)	<del> </del>					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed						
c "Support" alternative test - enter:				ł	Ì	
(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			<u></u>			
(4) Gross investment income						
Rant XV Supplementary Information at any time during the	nation (Comple	te this part only	if the foundation	had \$5,000 or mo	re in assets	
1 Information Regarding Foundation	<del> </del>					——
List any managers of the foundation who year (but only if they have contributed mo	have contributed more		tributions received by the	foundation before the clos	e of any tax	
STEPHEN J. HEMSLEY						
b List any managers of the foundation who other entity) of which the foundation has			(or an equally large porti	on of the ownership of a pa	artnership or	
NONE			·			
2 Information Regarding Contribution	n, Grant, Gıft, Loan,	Scholarship, etc., P	rograms:			
Check here X if the foundation on the foundation makes gifts, grants, etc., to					ests for funds. If	
a The name, address, and telephone number	<del></del>					
h. The form in which applications should be	submitted and informati	too and materials they	should redude:			
b The form in which applications should be	Submitted and injuffial	aon ano materiais mey s				
c Any submission deadlines:						
d Any restrictions or limitations on awards,	such as by geographica	al areas, charitable fields	s, kinds of institutions, or	other factors:		

Form 990-PF (2017) FOUNDATION, I	ELDS PRESERVATI		20-081	3142 Page 1
Rart XV Supplementary Information	(continued)			
3 Grants and Contributions Paid During the Ye	ear or Approved for Future Pa	ayment	····	
Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
<u> </u>	or substantial contributor	recipient		
a Paid during the year		}		
NONE				
		i.		
			1	
				<u>.</u>
<del></del>				
Total	<del></del>	<del></del> 1	<u>▶ 3a</u>	(
Approved for future payment				
NONE				
		·····		

Total

(a) Business code

Unrelated business income

(b)

Amount

1 Program service revenue:

Enter gross amounts unless otherwise indicated.

(e)

Related or exempt

function income

Excluded by section 512, 513, or 514
(c)
Exclusion
code

Amount

### Part XVI-A Analysis of Income-Producing Activities

		_		<del></del>	<del></del>	<del></del>
c		_		<del> </del>		
d		_			<u> </u>	
е		_		<b> </b>	\	
f		_		ļ		ļ
-	and contracts from government agencies			ļ		
	ship dues and assessments			ـــــــ		
	on savings and temporary cash			۰.		
ınvestm		<u> </u>		14	3.	
	ds and interest from securities	10 F 1 15 3 1 0 00 1	C. ore on the production of the			
	al income or (loss) from real estate;	LANE OF TREE	NAME OF TAXABLE PARTY.			
	-financed property			<del> </del>	<u> </u>	
	debt-financed property			<del>-</del>		
	al income or (loss) from personal					
property				<del> </del>		
	vestment income			<b>├</b>		
	(loss) from sales of assets other				}	
than inv	· · · · · · · · · · · · · · · · · · ·		<u> </u>	<del> </del>		
	ome or (loss) from special events			├		<del></del>
	rofit or (loss) from sales of inventory			├		<del></del>
11 Other re	venue:			l		
		_		<del>├</del> ─		<del> </del>
		_		-		<del> </del>
		-		├		<del> </del>
			<u></u>	<del> </del>		
e	1. A.H I	-   		" € 3\3M		
	I. Add columns (b), (d), and (e)	127_2 1 - 1	<u> </u>	<b>***</b>	3.	0.
13 Total A (See works	add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculations.)				13	3.
13 Total A (See works Part X) Line No.	heet in line 13 instructions to verify calculations.    T-B   Relationship of Activities	to the Acco	omplishment of Exe	empt	13_ Purposes	3.
13 Total A (See works  IPart X)  Line No.	heet in line 13 instructions to verify calculations.  M-B  Relationship of Activities  Explain below how each activity for which in	to the Acco	omplishment of Exe	empt	13_ Purposes	3.
13 Total A (See works  IPart X)  Line No.	heet in line 13 instructions to verify calculations.    T-B   Relationship of Activities	to the Acco	omplishment of Exe	empt	13_ Purposes	3.
13 Total A (See works  IPart X)  Line No.	heet in line 13 instructions to verify calculations.    T-B   Relationship of Activities	to the Acco	omplishment of Exe	empt	13_ Purposes	3.
13 Total A (See works  IPart X)  Line No.	heet in line 13 instructions to verify calculations.    T-B   Relationship of Activities	to the Acco	omplishment of Exe	empt	13_ Purposes	3.
13 Total A (See works  IPart X)  Line No.	heet in line 13 instructions to verify calculations.    T-B   Relationship of Activities	to the Acco	omplishment of Exe	empt	13_ Purposes	3.
13 Total A (See works  IPart X)  Line No.	heet in line 13 instructions to verify calculations.    T-B   Relationship of Activities	to the Acco	omplishment of Exe	empt	13_ Purposes	3.
13 Total A (See works  IPart X)  Line No.	heet in line 13 instructions to verify calculations.    T-B   Relationship of Activities	to the Acco	omplishment of Exe	empt	13_ Purposes	3.
13 Total A (See works  IPart X)  Line No.	heet in line 13 instructions to verify calculations.    T-B   Relationship of Activities	to the Acco	omplishment of Exe	empt	13_ Purposes	3.
13 Total A (See works  IPart X)  Line No.	heet in line 13 instructions to verify calculations.    T-B   Relationship of Activities	to the Acco	omplishment of Exe	empt	13_ Purposes	3.
13 Total A (See works  IPart X)  Line No.	heet in line 13 instructions to verify calculations.    T-B   Relationship of Activities	to the Acco	omplishment of Exe	empt	13_ Purposes	3.
13 Total A (See works  IPart X)  Line No.	heet in line 13 instructions to verify calculations.    T-B   Relationship of Activities	to the Acco	omplishment of Exe	empt	13_ Purposes	3.
13 Total A (See works  IPart X)  Line No.	heet in line 13 instructions to verify calculations.    T-B   Relationship of Activities	to the Acco	omplishment of Exe	empt	13_ Purposes	3.
13 Total A (See works  IPart X)  Line No.	heet in line 13 instructions to verify calculations.    T-B   Relationship of Activities	to the Acco	omplishment of Exe	empt	13_ Purposes	3.
13 Total A (See works  IPart X)  Line No.	heet in line 13 instructions to verify calculations.    T-B   Relationship of Activities	to the Acco	omplishment of Exe	empt	13_ Purposes	3.
13 Total A (See works  IPart X)  Line No.	heet in line 13 instructions to verify calculations.    T-B   Relationship of Activities	to the Acco	omplishment of Exe	empt	13_ Purposes	3.
13 Total A (See works  IPart X)  Line No.	heet in line 13 instructions to verify calculations.    T-B   Relationship of Activities	to the Acco	omplishment of Exe	empt	13_ Purposes	3.
13 Total A (See works  IPart X)  Line No.	heet in line 13 instructions to verify calculations.    T-B   Relationship of Activities	to the Acco	omplishment of Exe	empt	13_ Purposes	3.
13 Total A (See works  IPart X)  Line No.	heet in line 13 instructions to verify calculations.    T-B   Relationship of Activities	to the Acco	omplishment of Exe	empt	13_ Purposes	3.
See works Part X Line No.	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculations.  T-B. Relationship of Activities  Explain below how each activity for which in the foundation's exempt purposes (other that N/A)	to the Acco	omplishment of Exe	empt	13_ Purposes	3.

FOUNDATION, INC.

Page 13

Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable **Exempt Organizations** 

b	(other that Transfers (1) Cash (2) Othe Other trans (1) Sales (2) Purc (3) Rent (4) Reim (5) Loan (6) Perfo Sharing of If the ans or service	an section 501(c)(3) organic from the reporting foundary rassets in actions: as of assets to a noncharitate thases of assets from a norgal of facilities, equipment, and or loan guarantees or mance of services or mental facilities, equipment, manufactures, equipment, manufactures, equipment, manufactures, equipment, manufactures, equipment, manufactures of the above is a services.	izations) or in section to a nonchari ble exempt organiancharitable exemptor other assets mbership or fundrilling lists, other as "Yes," complete thoundation. If the fo	table exempt organization arising solicitation sets, or paid em e following sche undation receive	ns	ways show the fair (	market value of the goods	
a)L	ne no	(b) Amount involved	(c) Name	of noncharitable	exempt organization	(d) Description	n of transfers, transactions, and	sharing arrangements
		· · · · · · · · · · · · · · · · · · ·		N/A	<del></del> ,			
	<del>-  </del>			,		<del>                                     </del>	<del></del>	
		·····				1		<u> </u>
				<del></del>		<del></del>		
	<del>-   -</del>		<del></del>	····		<del> </del>		
	<del>-  -</del>	<del></del>						
		<del></del>	<del></del>	<del></del>		<del></del>		<del></del>
				<del></del>		<del></del>	<del></del>	
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			<u> </u>			<del> </del>		
		<del></del>					<del></del>	
					····	<del></del>		
					<u></u>		<del></del> .	
	~					_		····
							<del> </del>	
						<del></del>		
	ın sectior	indation directly or indirect n 501(c) (other than section complete the following sche	n 501(c)(3)) or ın		or more tax-exempt organiz	zations described		Yes X No
	11 100, 0	(a) Name of org			(b) Type of organization		(c) Description of relation	nship
_		N/A			(-) -)	-	1-4	<u> </u>
		11/21	<del></del>	<del></del>		<del> </del>	<del></del>	
		<del></del>	***					
		<del></del>			<del> </del>	<del> </del>		<del></del>
					<del> </del>	<del> </del>	<del></del>	
	Unde	r penalties of periury. I declare the	hat I have examined to	nis return, including	accompanying schedules and sta	I atements, and to the be	est of my knowledge -	
Się He	re and b		iplete Declaration of		taxpayer) is based on all informat		nas any knowledge DENT & s	May the IRS discuss this aturn with the preparer hown below? See instr
	<del>-</del>	Print/Type preparer's na	<del>-'</del>	Preparer's s		Date	Check If PTIN	l
		, ,,,, ,, ,, ,, ,, ,, ,, ,, ,, ,,	<del>-</del>	Q	$\Omega$		self- employed	
Pa	id	DEAN D BAR	R	1 Xlean	n X Barr	10/28/18	, ,	0005626
	eparer	Firm's name ► DOR		ITNEY L	I.P	-,,-	Firm's EIN ► 41-0	
	e Only	Firms name > DOK	DRI OC MU	- 114171 II.	u.		LUIU2CIN N ZT_	, , , , , , , , , , , , , , , , , , , ,
	···y	Firm's address > E 0	C 6mti C	m cmp	1500			<del></del>
		Firm's address ► 50					Dharas 612 3	240-2600
		M1.	NNEAPOLI	o, MIN 5	3404	<del></del>	Phone no. 612	
								Form <b>990-PF</b> (2017)

### Schedule B

(Form·990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

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

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2017

Name of the organization

THE CLOVER FIELDS PRESERVATION FOUNDATION, INC.

Employer identification number

20-0818142

Organization type (check one)								
Filers of	of: Section:							
Form 990 or 990-EZ		501(c)( ) (enter number) organization						
		4947(a)(1) nonexempt chantable trust not treated as a private foundation						
		527 political organization						
Form 99	10-PF	X 501(c)(3) exempt private foundation						
		4947(a)(1) nonexempt charitable trust treated as a private foundation						
		501(c)(3) taxable private foundation						
Note: O	nly a section 501(c)(	covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.						
	eneral Rule  X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.							
Special	Rules							
	sections 509(a)(1) a any one contributo	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from a during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, line 1. Complete Parts I and II.						
	year, total contribu	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for ruelty to children or animals. Complete Parts I, II, and III.						
	year, contributions is checked, enter h purpose Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., inplete any of the parts unless the General Rule applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year.						
but it mi	ust answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to be filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)						

Name of organization
THE CLOVER FIELDS PRESERVATION
FOUNDATION, INC.

Employer identification number

20-0818142

Partil	Contributors (see instructions) Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	STEPHEN J. HEMSLEY  622 FERNDALE ROAD WEST  WAYZATA, MN 55391	\$ 985,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	STEPHEN J. HEMSLEY  622 FERNDALE ROAD WEST  WAYZATA, MN 55391	\$ 5,069,200.	Person Payroll Moncash X  (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization

Employer identification number

THE CLOVER FIELDS PRESERVATION FOUNDATION, INC.

20-0818142

Partili	Noncash Property (see instructions) Use duplicate copies of Property	art II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	23,000 SHS UNITEDHEALTH GROUP INC.		
_2			
		\$ 5,069,200.	12/22/17
(a) No. from	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
Part I		(occ msu ucnons.)	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<del></del>			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
Part I			
			·
(a)		(c)	
No. rom Part I	(b)  Description of noncash property given	FMV (or estimate) (See instructions.)	(d) Date received
	1-17	\$   \$	0, 990-EZ, or 990-PF) (20

Name of organization Employer identification number

THE CLOVER FIELDS PRESERVATION

OUNDAT	ION. II	NC.			20-081814	2
A	Exclusively		charitable, etc.	, contributions to organizations described in section 501(c)(7), (8), or (	10) that total more than	۱\$

1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this inflo once) Use duplicate copies of Part III if additional space is needed (a) No. from Part I (d) Description of how gift is held (c) Use of gift (b) Purpose of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (d) Description of how gift is held (c) Use of gift (b) Purpose of gift Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from (d) Description of how gift is held (c) Use of gift (b) Purpose of gift Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from (c) Use of gift (d) Description of how gift is held (b) Purpose of gift Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4

FORM 990-PF	INTEREST	ON S	SAVINGS	AND TEM	PORARY	CASH	INVESTMENTS	STATEMENT 1
SOURCE				(A REVE PER B	NUE		(B) INVESTMENT INCOME	(C) ADJUSTED NET INCOME
RBC CASH ACC	TRUC			<del></del>	3.		3.	
TOTAL TO PAR	r I, LINE	3			3.		3.	2
FORM 990-PF				ACCOUNTI	NG FEES	} }		STATEMENT 2
DESCRIPTION				(A) PENSES R BOOKS	(E NET IN MENT I	WEST-		
DORSEY & WHI	TNEY LLP			1,000.	•	0	•	0.
TO FORM 990-	PF, PG 1,	LN :	16B	1,000.		0	•	0.
FORM 990-PF				TAX	ES			STATEMENT 3
DESCRIPTION				(A) PENSES R BOOKS	NET IN			
REAL ESTATE	TAXES		··· <del>···</del> ·	5,535.	•	0	•	5,535.
TO FORM 990-1	PF, PG 1,	LN :	18	5,535.		0	•	5,535.
FORM 990-PF	<del></del>		<del> </del>	OTHER E	XPENSES	<del></del> 5		STATEMENT 4
DESCRIPTION				(A) PENSES R BOOKS	(E NET IN MENT I	WEST-		
CEMETERY RES' RESIDENCE MARRIER RBC WIRE FEES SUPPLIES	INTENANCE			6,952. 12,661. 320. 141.		0 0 0 0	•	6,952. 12,661. 0.
TO FORM 990-1	PF, PG 1,	LN :	23	20,074.		0	•	19,613.
							=	

FORM 990-PF C	ORPORATE STOCK		STATEMENT 5
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
23,000 SHS UNITEDHEALTH GROUP		5,069,200.	5,070,580.
TOTAL TO FORM 990-PF, PART II, LI	NE 10B	5,069,200.	5,070,580.
FORM 990-PF	OTHER ASSETS		STATEMENT 6
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
PROPERTY AT 500 FOREMANS LANDING ROAD, QUEENSTOWN MD	0.	901,107.	570,833.
TO FORM 990-PF, PART II, LINE 15	0.	901,107.	570,833.