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

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EXTENDED TO NOVEMBER 15, 2018

Return of Private Foundation
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.

F	or c	caler	ndar year 2017 or tax year beginning		, and ending		
	Nar	ne o	f foundation	-		A Employer identification	number
			CLOVER FIELDS PRESERVA	TION			
_	_		NDATION, INC.	_ · <u>-</u> _ · · · ·	· · · · · · · · · · · · · · · · · · ·	20-0818142	·
			and 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	
			own, state or province, country, and ZIP or foreign p			C If exemption application is p	ending, check here
_		_	NEAPOLIS, MN 55402-149				
G	i U	песк	call that apply: Initial return		ormer public charity	D 1. Foreign organizations	s, cneck nere
			Final return	Name change	SEE STMT 5	2 Foreign organizations me check here and attach co	eting the 85% test,
_ H		hack	Address change type of organization; X Section 501(c)(3) e			1	
ï		_	ection 4947(a)(1) nonexempt charitable trust	Other taxable private found	ation	E If private foundation sta under section 507(b)(1)	
	Fa	_		ing method: X Cash	Accrual		
•			· 1 —	ther (specify)		F If the foundation is in a under section 507(b)(1)	. —
	•		5,702,247. (Part I, colui		is.)		-
, E	Ŗä	itil	Analysis of Revenue and Expenses	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
1			(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	expenses per books	income	income	for charitable purposes (cash basis only)
	7	1	Contributions, gifts, grants, etc., received				
		2	Check if the foundation is not required to attach Sch. 8		1871	DOMESTIC AND LESS OF THE PERSON OF THE PERSO	
	-	3	Interest on savings and temporary cash investments	3.	3.		STATEMENT 14
		4	Dividends and interest from securities	•			
	J		Gross rents	in a min while the restriction to	STANDARD SOUTH CONTROL OF THE SECOND SOUTH CONTROL OF THE	NY SON CHARGE TO THE PROPERTY OF THE PARTY O	
			Net rental income or (loss)		ALTERNATION OF THE PARTY OF THE		Manager Commence
	e	oa b	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all	NAME OF THE OWNER O			Development of the
	Ven	7	assets on line 6a Capital gain net income (from Part IV, line 2)	THE RESERVE OF THE PARTY OF THE	0.	A TANK THE PROPERTY OF THE PARTY OF THE PART	
2019	Be	8	Net short-term capital gain			RECEIVE	74.75
		9	Income modifications	CANADA			E-OFWENCE
<i>S</i>	ŀ	10a	Gross sales less returns and allowances	S-WY-X-17-13-40		ES MEDIA BEST	AL O FRANCE
- ·	ł		Less Cost of goods sold	A SECTION AND A SECTION ASSECTION AS	Management of the Art of the Control	C. H. C. Land Street, Land	氏は公司を受け
ے ا	- 1	C	Gross profit or (loss)			' OGDEN L	TOTAL BENEFIT OF
_		11	Other income				THE RESERVE
급		12	Total Add lines 1 through 11	6,054,203.	3.		PROPERTY OF THE
Z		13	Compensation of officers, directors, trustees, etc	0.	0.		0.
		14	Other employee salaries and wages				
ڎۣ	S		Pension plans, employee benefits				
•	nse	IVa h	Legal fees Accounting fees STMT 2	1,000.	0.		0.
	xpe	c	Other professional fees	270001			
	e	17	Interest				
	Administrative Expenses	18	Taxes STMT 3	5,535.	0.		5,535.
	istr	19	Depreciation and depletion				
	ᆵ	20	Occupancy				
		21	Travel, conferences, and meetings				
	and		Printing and publications				
	DG.		Other expenses STMT 4	20,074.	0.		19,613.
	perating and	24	Total operating and administrative	, 26 600	0		25 140
		05	expenses Add lines 13 through 23	26,609.	0.	PSC 7 STORY SOCIA	25,148.
	- 1		Contributions, gifts, grants paid	0.		Land Control of the C	
			Total expenses and disbursements Add lines 24 and 25	26,609.	0.		25,148.
-	+	_	Subtract line 26 from line 12:	20,000.			S. AT SHE WAS A
		_	Excess of revenue over expenses and disbursements	THE PERSON NAMED IN POST OF PE		2019254	EGOLION HEALTN
			Net investment income (if negative enter -0-)		3.	CHEST PROPERTY	CONTRACTOR DE
	- 1		Adjusted net income (if negative enter -0-)	212442		N/A	

LHA For Paperwork Reduction Act Notice, see instructions

As Amended 14

20-0818142

Page 2 ||Partilling || Balance Sheets || Attached schedules and amounts in the description Beginning of year End of year (a) Book Value (c) Fair Market Value (b) Book Value Cash - non-interest-bearing 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 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Investments - U.S. and state government obligations 5,069,200. b Investments - corporate stock STMT 6 c Investments - corporate bonds 11 Investments - land, buildings, and equipment basis Less accumulated depreciation 12 Investments - mortgage loans 13 Investments - other 14 Land, buildings, and equipment: basis Less accumulated depreciation 15 Other assets (describe ► 500 FOREMANS LNDNG) 901,107. 570,833. 16 Total assets (to be completed by all filers - see the 6,031,141. 3.547. 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 21 Mortgages and other notes payable 22 Other liabilities (describe 0. 23 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. 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted \triangleright X Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. ö 0. 27 Capital stock, trust principal, or current funds 0. 28 Paid-in or capital surplus, or land, bldg., and equipment fund 3,547. 6,031,141 29 Retained earnings, accumulated income, endowment, or other funds Set 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 ||Part|||||| Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 3,547. (must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) Add lines 1, 2, and 3 4 Decreases not included in line 2 (itemize) 6,031,141. Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

20-0818142

Rart IV Capital Gains an	d Losses for Tax on Ir	vestment	Income					0112 . agc 0
	kind(s) of property sold (for exacuse; or common stock, 200 sha		ate,	(b)	How acquired - Purchase - Donation		acquired lay, yr.)	(d) Date sold (mo., day, yr.)
1a								
b NONE]			<u> </u>				
<u>C</u>	·			├_				
<u>d</u>				-				
<u>e</u>	(f) Depreciation allowed	(a) Co	st or other basis	-	<u></u>	/b) G	ain or (loss	<u> </u>
(e) Gross sales price	(or allowable)		expense of sale	ł			s (f) minus	
a	 			\neg				<u> </u>
b								
С								
d		<u> </u>						
<u>e</u>		<u> </u>	10/04/00					
Complete only for assets showing g		T					iol. (h) gain not less thai	
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		xcess of col. (1) col. (1), if any	ł	cui.		(from col. (
								
b b	<u> </u>							
c								
d								
е								
	∫ If gain, also ente	r ın Part I, line	7					
2 Capital gain net income or (net capital				"	2			
3 Net short-term capital gain or (loss)		nd (6):		$\langle \cdot $	Ì			
If gain, also enter in Part I, line 8, col	umn (c).			}]				
If (loss), enter -0- in Part I, line 8 IRant Va Qualification Und	er Section 4940/e) for	Reduced	Tay on Net	nve	stment Inco	me		
								
(For optional use by domestic private for	manions subject to the section a	4940(a) tax on	net investment int	come.	,			
If section 4940(d)(2) applies, leave this j	art blank.							
Was the foundation liable for the section	4942 tax on the distributable am	nount of any ve	ear in the base peri	od?				Yes X No
If "Yes," the foundation doesn't qualify up			•				<u></u>	
 Enter the appropriate amount in each 	column for each year; see the in	nstructions bef	ore making any en	itries.				
(a) Base period years	(b)			(c)		ĺ	Distrib	(d) oution ratio
Calendar year (or tax year beginning i			Net value of not	ncnar	itable-use assets		(col. (b) dıv	ided by col. (c))
2016	1	2,342.			3,060.			4.033333
2015		2,699.			2,967.			.909673
2014		6,125. 2,418.			729.			8.401920 .806538
2013		$\frac{2,410.}{4,330.}$			7,199.			.601472
2012		4,330.			1,133.	+		.001472
2 Total of line 1, column (d)						2		14.752936
3 Average distribution ratio for the 5-ye	ar hase period - divide the total i	on line 2 by 5 (nor by the numbe	r of v	ears	-		110,3230
the foundation has been in existence	·	on mie z by o.t	o, or by the numbe	i Ui y	cars	3		2.950587
the foundation has been in existence	ir icos tilair o years							
4 Enter the net value of noncharitable-u	se assets for 2017 from Part X.	line 5				4		220,169.
V Elitor the vertal of the land at								
5 Multiply line 4 by line 3						5		649,628.
• • • • •								
Enter 1% of net investment income (% of Part I, line 27b)					6		0.
·	·							
Add lines 5 and 6						7		649,628.
								000 000
B Enter qualifying distributions from Pa	rt XII, line 4					8		926,255.
If line 8 is equal to or greater than lin	e 7, check the box in Part VI, line	1b, and comp	lete that part using	g a 1%	tax rate.			
See the Part VI instructions.								orm 990-PF (2017
23521 01-03-18							F	orm シシレードド (2017

THE CLOVER FIELDS PRESERVATION

	990-PF (2017) FOUNDATION, INC.		0818142	
Pa	rtVII Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	948 -	see instru	ctions)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.	1 1	- 15 To 15	
	Date of ruling or determination letter (attach copy of letter if necessary-see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%	1		0.
	of Part I, line 27b		1 - A	
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).	12.1		. '.
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	2		0.
	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:	7 - 7	Establisher on	न जिल्हा
a	2017 estimated tax payments and 2016 overpayment credited to 2017 6a 187.	اي د ارا	1	1
	Exempt foreign organizations - tax withheld at source 6b 0	7		- A
	Tax paid with application for extension of time to file (Form 8868) 6c 0	<u> </u>	-	-, " ; '
	Backup withholding erroneously withheld 6d 0.	1 . 1	43 44	ال المحري
	Total credits and payments. Add lines 6a through 6d	7	3 /a /a /a /a /a	187.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8		0.
	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	9		
	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		187.
	Enter the amount of line 10 to be: Credited to 2018 estimated tax	11		0.
	Statements Regarding Activities			
~ ~~	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interveni	 e in	1.3.	Yes No
	any political campaign?		1a	X
	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	าเนอก	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		7.5	
	distributed by the foundation in connection with the activities			
C	Did the foundation file Form 1120-POL for this year?		1c	X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		्राहर । इस्टर्स	
	(1) On the foundation. ▶ \$ 0 . (2) On foundation managers. ▶ \$ 0 .	_	P	
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			1 1 . 1
	managers. ► \$		<u> </u>	1
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		[- 1]	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, of)r	<u></u>	111
	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_	X
	If "Yes," has it filed a tax return on Form 990-T for this year?	N	/A 4b	
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5	X
	If "Yes," attach the statement required by General Instruction T		lr.	
	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			$\ \mathbf{r}\cdot\mathbf{r}\ ^2$
	By language in the governing instrument, or		,,	ا، `ابه ا
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state	: law	: 12	<u>. </u>
	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	A
_	5 h H - 1 h		1. 2	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.		—— (! ¯*²	
	MD		—— · .;	
	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)		<u></u>	X X
	of each state as required by General Instruction G2 If "No," attach explanation	nda:	8b	
	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for cale	iiuai	9	X
	year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		10	$\frac{X}{X}$
10	ביים מווץ שביים אום מכנייוות שעיים וויין נווע נווע נווע נווע נווע ומא אביים ווייץ פג," attach a schedule listing their names and addresses			0-PE (2017)

Form **990-PF** (2017)

	990-PF (2017) FOUNDATION, INC.	20-0818	142	1	Page 5
Pa	art VII-A 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	1	11		х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory p	rivileaes?			
	If "Yes," attach statement. See instructions		12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	İ	13	Х	
	Website address ► N/A	,		!	
14	The books are in care of ▶ DEAN D. BARR, DORSEY & WHITNEY LLP Telephone no.	▶ 612-49	2-64	440	
••	Located at ▶ 50 SOUTH 6TH STREET, SUITE 1500, MINNEAPOLIS, MN	ZIP+4 ▶55			98
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here	<u> </u>			$\overline{\Box}$
		15	N	/A	
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank,	<u> </u>		Yes	No
	securities, or other financial account in a foreign country?	ſ	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the		F - 4.00	73- 1	7
	foreign country		Ì		. 9
1Pa	intiVILEB Statements Regarding Activities for Which Form 4720 May Be Required		-		
3-14-	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		1	Yes	No
1.		İ	-		 .
14	During the year, did the foundation (either directly or indirectly): (1) Engage in the calc or exphance, or leaving of prepart, with a disqualified parson?	es X No	, .	-	, i
		es (11) NO	!` :	` il	1 9
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	es 🗓 No	."	. : 1	ا} برحث
		es X No			
		es X No	, ,	· . · .	
		es A NO	5	1	
	(5) Transfer any income or assets to a disqualified person (or make any of either available	es 🗶 No	~:	r 4	, - ří
		es 🕰 No	·	• • -	! "
	(6) Agree to pay money or property to a government official? (Exception Check "No"	ł	-/	. 1	1 1
	If the foundation agreed to make a grant to or to employ the official for a period after	es 🗓 No	` - '	.	الي ا
		es 🕰 NO		: ,[:	
D	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	N/A	<u> </u>		<u>1</u>
	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		- 53		
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	-	سينظ	151	امستداد X
	before the first day of the tax year beginning in 2017?	ŀ	1c	-25-	-
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	ļ	<u> </u>	' '	
	defined in section 4942(j)(3) or 4942(j)(5)):	j		[نت ۱	
a	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		- z 1	ا دیا	. 6
		es 🗶 No		٠ .	
	If "Yes," list the years >	j.	, 4	. r 1	
Ь	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect				į į
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach				<u> </u>
	statement - see instructions.)	N/A	2b	, -	भ रही
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	į,	, ;],	: , · <u>}</u>	, j
	<u> </u>	<u>l</u> i	-	` ;	.]
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	[32]	, ; ;	ı ı	į
	-	es X No			
b	If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons aft		[·]		
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to display the commissioner under section 4943(c)(7)) to display the commissioner under section 4943(c)(7) to display the	spose			` . अ <u>ं</u>
	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,			<u> </u>	<u> </u>
	Form 4720, to determine if the foundation had excess business holdings in 2017.)	N/A	3b		
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	Ļ	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	<u> </u>		انت
	had not been removed from jeopardy before the first day of the tax year beginning in 2017?		4b		<u> X</u>
		Forn	ո 990	-PF ((2017)

Page 6

FOUNDATION, INC.		:	20-08181	42 Page 6
Part VIEB Statements Regarding Activities for Which F	orm 4/20 May Be Re	equirea (contin	ued)	Yes No
 5a During the year, did the foundation pay or incur any amount to: (1) Carry on propaganda, or otherwise attempt to influence legislation (section (2) Influence the outcome of any specific public election (see section 4955); or apprentice secretaries drain? 		ctly,	es X No	res No
 any voter registration drive? (3) Provide a grant to an individual for travel, study, or other similar purposes: (4) Provide a grant to an organization other than a charitable, etc., organization 			es X No	
4945(d)(4)(A)? See instructions (5) Provide for any purpose other than religious, charitable, scientific, literary,			es 🗓 No	
the prevention of cruelty to children or animals?		Y	es 🗶 No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und section 53.4945 or in a current notice regarding disaster assistance? See instru	•	n Regulations	N/A	5b
Organizations relying on a current notice regarding disaster assistance, check h				W 131 25
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption frexpenditure responsibility for the grant?			es 🔲 No	
If "Yes," attach the statement required by Regulations section 53.4945-5(d).	nou promume pa			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p a personal benefit contract?	day premiums on	Y	es 🗶 No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p If "Yes" to 6b, file Form 8870.	ersonal benefit contract?		(6b X
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Y	es 🗶 No	
b if "Yes," did the foundation receive any proceeds or have any net income attribu			N/A	76
Information About Officers, Directors, Truste Paid Employees, and Contractors	· · · · · · · · · · · · · · · · · · ·	agers, Highly		
List all officers, directors, trustees, and foundation managers and the			T-0.0	
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
	PRESIDENT & D	IRECTOR		
522 FERNDALE ROAD WEST				
VAYZATA, MN 55391	1.00	0.	0.	0.
	VP, TREASURER	& SECRETA	ARY	
1620 MOORELAND AVENUE	0.50	0.	0.	۸
EDINA, MN 55424	0.30		<u> </u>	0.
Compensation of five highest-paid employees (other than those incl	uded on line 1). If none, e	nter "NONE."	<u></u>	<u> </u>
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
250,000				0
otal number of other employees paid over \$50,000				U

THE CLOVER FIELDS PRESERVATION

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued) 3 Five highest-paid 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 NONE Total number of others receiving over \$50,000 for professional services Partity Ass Summary of Direct Charitable Activities List the foundations four largest direct charitable activities and other beneficiaries served, conferences convened, research papers produced, etc. N/A Partity Bi Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. Amount N/A Amount	Form 990-PF (2017) FOUNDATI	ON, INC.	20-	0818142 Page 7
(c) Compensation NONE Total number of others recovering over \$50,000 for professional services Compensation	Information About (Paid Employees, an	Officers, Directors, Trustees, Foundard Contractors (continued)	ation Managers, Highly	
NONE Total number of others recoving over \$50,000 for professional services Page Page Page Page Page Page			er "NONE."	
Total number of others reserving over \$50,000 for professional services Raditix: All Summary of Direct Charitable Activities List the foundation's four largest direct charitable activities during the tax year, include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. N/A		each person paid more than \$50,000	(b) Type of service	(c) Compensation
Eart X;B Summary of Direct Charitable Activities List the foundation's four largest direct charitable activities during the tax year, include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. N/A	NONE			
Eart X;B Summary of Direct Charitable Activities List the foundation's four largest direct charitable activities during the tax year, include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. N/A				
Eart X;B Summary of Direct Charitable Activities List the foundation's four largest direct charitable activities during the tax year, include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. N/A				
Eart IX-B Summary of Direct Charitable Activities List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. N/A				
Eart IX-B Summary of Direct Charitable Activities List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. N/A			-	
Eart IX-B Summary of Direct Charitable Activities List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. N/A				
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Eart X-B Summary of Direct Charitable Activities List the foundation's four largest direct charitable activities during the tax year, include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. N/A				
Eart IX-B Summary of Direct Charitable Activities List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. N/A				
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. IN/A RartilX:Bi Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. Amount N/A All other program-related investments. See instructions All other program-related investments. See instructions	Total number of others receiving over \$50,000	for professional services		<u> </u>
number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. N/A				
Part X-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. Amount N/A All other program-related investments. See instructions Fotal. Add lines 1 through 3	List the foundation's four largest direct charita number of organizations and other beneficiarie	ble activities during the tax year. Include relevant stati s served, conferences convened, research papers pro	stical information such as the duced, etc.	Expenses
RartiX:B) Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. Amount N/A All other program-related investments. See instructions Fotal. Add lines 1 through 3	1N/A			
RartiX:B) Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. Amount N/A All other program-related investments. See instructions Fotal. Add lines 1 through 3				
RartiX:B) Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. Amount N/A All other program-related investments. See instructions Fotal. Add lines 1 through 3				
Rart X*B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. Amount N/A All other program-related investments. See instructions Fotal. Add lines 1 through 3	2			
Rart X*B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. Amount N/A All other program-related investments. See instructions Fotal. Add lines 1 through 3				
Rart X*B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. Amount N/A All other program-related investments. See instructions Fotal. Add lines 1 through 3	3			
Part X-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. Amount All other program-related investments. See instructions Total. Add lines 1 through 3				
Part X-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. Amount All other program-related investments. See instructions Total. Add lines 1 through 3				
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. Amount N/A All other program-related investments. See instructions Gotal. Add lines 1 through 3	4			
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. Amount N/A All other program-related investments. See instructions Gotal. Add lines 1 through 3				
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. Amount N/A All other program-related investments. See instructions Gotal. Add lines 1 through 3	DartilY®Bi Common of Drosson	- Deleted Investments		
All other program-related investments. See instructions Section 1. Add lines 1 through 3.			lines 1 and 2	Amount
All other program-related investments. See instructions See instructions Fotal. Add lines 1 through 3		Amonto made by the realisation during the tax year or	· · · · · · · · · · · · · · · · · · ·	71110011
All other program-related investments. See instructions Total. Add lines 1 through 3	·			
All other program-related investments. See instructions Total. Add lines 1 through 3				
Total. Add lines 1 through 3 ▶ 0.	2			
Total. Add lines 1 through 3 ▶ 0.				
Total. Add lines 1 through 3 ▶ 0.	All all all and a second and a second as Comment			
Fotal. Add lines 1 through 3 ▶ 0.		tructions		
- C	s			
- C				
- C				
- C				
- C				
	Total. Add lines 1 through 3		<u> </u>	

Form 990-PF (2017)

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: 211,274. a Average monthly fair market value of securities 1a 12,248. b Average of monthly cash balances 1b c Fair market value of all other assets 1c 223,522. d Total (add lines 1a, b, and c) 1d e Reduction claimed for blockage or other factors reported on lines 1a and 1e 1c (attach detailed explanation) Acquisition indebtedness applicable to line 1 assets 2 223.522. 3 Subtract line 2 from line 1d $3,\overline{353}$. Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 220,169. Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 5 Minimum investment return Enter 5% of line 5 11,008. Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here > [and do not complete this part.) 11,008. Minimum investment return from Part X, line 6 1 2a Tax on investment income for 2017 from Part VI, line 5 2b h Income tax for 2017. (This does not include the tax from Part VI.) Add lines 2a and 2b 2c 008 3 3 Distributable amount before adjustments. Subtract line 2c from line 1 Recoveries of amounts treated as qualifying distributions 4 11.008 5 Add lines 3 and 4 Deduction from distributable amount (see instructions) 6 008. Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1 7 Part XIII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 25,148. Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1a b Program-related investments - total from Part IX-B 1h ,107. Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 Amounts set aside for specific charitable projects that satisfy the: Suitability test (prior IRS approval required) 3a Cash distribution test (attach the required schedule) 3b 926,255. Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b 926. 6 Adjusted qualifying distributions Subtract line 5 from line 4 Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section

Form 990-PF (2017)

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	r			
	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
4. Detailed the contest for 0047 form Det VI	Corpus	rears prior to 2010	2010	2017
1 Distributable amount for 2017 from Part XI,				11,008.
line 7		 		11,000.
2 Undistributed income, if any, as of the end of 2017	,		0.	
a Enter amount for 2016 only b Total for prior years:	· · · · · · · · · · · · · · · · · · ·			···
g rotal for prior years.	'	0.		
3 Excess distributions carryover, if any, to 2017.	· · · · · · · · · · · · · · · · · · ·	n' ,		
a From 2012 3,970.	,		- 1	
b From 2013 2, 268.				
c From 2014 6,089.		1		i
d From 2015 2,551.	ş.	,		1
e From 2016 12,189.		·		•
f Total of lines 3a through e	27,067.	,	,	t
4 Qualifying distributions for 2017 from	27,007.			<u>. </u>
Part XII, line 4: ► \$926, 255.				i
a Applied to 2016, but not more than line 2a	,		0.	,
b Applied to undistributed income of prior		- : · · · · · · · · · · · · · · · · · ·		<u>.</u>
		0.	, ,	•
years (Election required - see instructions) c Treated as distributions out of corpus	<u> </u>	7 0.		
(Election required - see instructions)	0.	ı	, • · · ·	,
d Applied to 2017 distributable amount				11,008.
.,	915,247.			11,000.
e Remaining amount distributed out of corpus 5 Excess distributions carryover applied to 2017	<u> </u>			0.
(If આ સામાવવાની સામાન્યુસાય in column (d), the same amount			· · · · · · · · · · · · · · · · · · ·	
must be shown in column (a))	1			ı
6 Enter the net total of each column as indicated helow:			`, ·	
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	942,314.		in day	
b Prior years' undistributed income. Subtract		<u> </u>		
line 4b from line 2b		0.	ì	
c 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	,	0.		
d Subtract line 6c from line 6b. Taxable			, in the second	
amount - see instructions		0.		_
e Undistributed income for 2016. Subtract line				
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				
be distributed in 2018				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by		į		
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2012				
not applied on line 5 or line 7	3,970.		<u></u>	
9 Excess distributions carryover to 2018				_
Subtract lines 7 and 8 from line 6a	938,344.			
IO Analysis of line 9;				-
a Excess from 2013 2, 268.	,	ł		
b Excess from 2014 6,089.			İ	
c Excess from 2015 2,551.	<u> </u>			1
d Excess from 2016 12,189.				
e Excess from 2017 915, 247.	1			000 DE

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

NONE

2	Information Regard	ding Contribution,	Grant, Gift, Loan,	Scholarship, etc., P	rograms?

Check here $\left[\begin{array}{c} X \end{array}\right]$ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d.

- a The name, address, and telephone number or email address of the person to whom applications should be addressed:
- b The form in which applications should be submitted and information and materials they should include:
- c Any submission deadlines:
- d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

FOUNDATION, INC.

Page 11

Supplementary information				
3 Grants and Contributions Paid During the	Year or Approved for Future P	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 recipient	Purpose of grant or contribution	Amount
a Paid during the year	or substantial contributor	recipient		
• Paid during the year				
NONE				
		· · · · · · · · · · · · · · · · · · ·		
		ì		
·				
Total		······································	▶ 3a	
b Approved for future payment				
NONE		ľ		
		······································		
····	 			
		ł	ŀ	
Total			▶ 3b	

Esta de la companya d	Unrelated	business income	Evel	uded by section 512, 513, or 514	
Enter gross amounts unless otherwise indicated.	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	(e) Related or exempt function income
1 Program service revenue:	code	Amount	code	Amount	Tunction income
a				<u> </u>	
b	1 1		+		
c	1		+		
			\dashv		
e			+		
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments)]		14	3.	
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:	1. State			وه المعالم الم	a talan a triban as make
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal	1 1				
property					
7 Other investment income	ļ — .		-l		
8 Gain or (loss) from sales of assets other					
than inventory	<u> </u>		 		
9 Net income or (loss) from special events			+		
10 Gross profit or (loss) from sales of inventory			+-		
11 Other revenue:					
a b			+		
b c	1 1		+		
d			+-		
e					
12 Subtotal. Add columns (b), (d), and (e)	Proposition	0		3.	0
13 Total. Add line 12, columns (b), (d), and (e)				13	3
(See worksheet in line 13 instructions to verify calculation	s.)				
Part XVI-By Relationship of Activitie	s to the Accon	nplishment of Ex	cempt	Purposes	
Explain below how each activity for which the foundation's exempt purposes (other t			A contrib	outed importantly to the accom	plishment of
the foundation's exempt purposes (other t	man by providing fund	s for such purposes).			
N/A					

	Ine C	T ATAOU.	TETDS EV	MOT TWANGE.					
orm 990-l		ATION,					0818142	Pa	ge 13
Part X	/III Information Re	egarding T	ransfers to a	ind Transactions a	nd Relations	hips With Non	charitable		
	Exempt Organ	nizations					_	_	
1 Did th	ne organization directly or indi	rectly engage in	any of the followi	ng with any other organizati	on described in sec	ction 501(c)	JERNEL.	Yes	No
(othe	r than section 501(c)(3) organ	nizations) or in s	section 527, relatin	g to political organizations?			اختا		
	fers from the reporting found	=		- ·					
(1) (•		•				1a(1)		X
٠.	Other assets						1a(2)		X
• •	transactions:							SOK.	
_	Sales of assets to a noncharita	ble exempt orga	ลกเรลร์เดก				1b(1)		X
	urchases of assets from a no						1b(2)		X
	Rental of facilities, equipment,		· -				1b(3)		X
٠,	Reimbursement arrangements						· 1b(4)		X
	oans or loan guarantees						1b(5)		X
	erformance of services or me	embership or fili	ndraising solicitatio	nns			1b(6)		X
	ng of facilities, equipment, ma						1c		X
	answer to any of the above is	-			ways show the fair	market value of the		etc	
	vices given by the reporting f		•	• •	=		-	,	
	in (d) the value of the goods,				oo iii ariy iranoadiid	in or onaring arrange			
a) Line no	(b) Amount involved			e exempt organization	(d) Description	on of transfers, transacti	ons, and sharing arra	ngemen	ts
	(-7	(3)	N/A	3	(2)				
		 	11,11	·					
									
								_	
		 	_ 						
		 							
		 							
					 -				
				-					
··· ·—								_	
					 				
					<u> </u>				
									
		<u> </u>							
ın sec	foundation directly or indirection 501(c) (other than section	n 501(c)(3)) or	•	e or more tax-exempt organi	zations described		Yes	X] No
b If "Yes	s," complete the following sch (a) Name of org			(b) Type of organization	T	(c) Description of r	alationship		
		janization		(b) Type of organization	 	(c) Description of i	elationship		
	N/A	·							
									
									
									
Li	nder penalties of parjury, I declare t	hat I have examine	d this return, including	accompanying schedules and st	atements, and to the b	est of my knowledge			
Sign a	nd belief, it is true, correct, and com	plete Declaration	of preparer (other than	taxpayer) is based on all informa	tion of which oreparer	has any knowledge	May the IRS d		
Here	./\			والالها	DIREC		shown below?	See inst	1
()	Supplying of officer or trustee	\sim \sim		Date Date	· 	TOR	X Yes		No.
	Signature of officer or trustee		Proporer's s	Date	Title Date	Check If	PTIN		
	Print/Type preparer's na	11116	Preparer's s	ngnature	Date	self- employed] ' ' ' '		
Paid	ייי מי אואים ח	, D	12/0-	Okan	8129/19	Jon Ginployed	BOOOS	326	
Prepar	DEAN D BAR		TIT TO THE T	T D	016/117	Firm's EIN ► 4	P00005		
lloo O-	Firm's name DOR	SEY & W	HITNEY L	DР		Firm's EIN - 4	1-02233) <i> </i>	

Phone no. 612 340-2600 Form 990-PF (2017)

Firm's address ► 50 S 6TH ST, STE 1500 MINNEAPOLIS, MN 55402

FORM 990-PF INTEREST ON SAV	INGS AND TEM	PORARY CASH	INVESTMENTS	STATEMENT 1
SOURCE	(A REVE PER B	NUE NET	(B) INVESTMENT INCOME	(C) ADJUSTED NET INCOME
RBC CASH ACCOUNT		3.	3.	
TOTAL TO PART I, LINE 3		3.	3.	· · · · · · · · · · · · · · · · · · ·
FORM 990-PF	ACCOUNTI	NG FEES		STATEMENT 2
DESCRIPTION		(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES
DORSEY & WHITNEY 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		(B) NET INVEST- MENT INCOME		CHARITABLE
REAL ESTATE TAXES	5,535.	0	•	5,535.
TO FORM 990-PF, PG 1, LN 18	5,535.	0	•	5,535.
FORM 990-PF	OTHER E	XPENSES		STATEMENT 4
	(A)	(B) NET INVEST-	(C) ADJUSTED	(D) CHARITABLE
DESCRIPTION	EXPENSES PER BOOKS	MENT INCOME	NET INCOME	
DESCRIPTION CEMETERY RESTORATION RESIDENCE MAINTENANCE RBC WIRE FEES SUPPLIES			· ·	

As Amended

FOOTNOTES

STATEMENT 5

EXPLANATION FOR AMENDING TAX RETURN

THE CLOVER FIELDS PRESERVATION FOUNDATION 2017 TAX RETURN IS BEING AMENDED TO CORRECTLY REPORT IN PART XII, LINE 2, THE ACQUISITION OF PROPERTY THAT IS USED DIRECTLY IN CARRYING OUT ITS CHARITABLE PURPOSE FOR PURPOSES OF THE CALCULATION OF QUALIFYING DISTRIBUTIONS. THIS AMOUNT WAS INADVERTENTLY OMITTED IN THE ORIGINALLY FILED 2017 TAX RETURN. THE EXCESS DISTRIBUTION CARRYOVER TO 2018 IS AFFECTED BY THIS CHANGE (SEE PART XIII, LINE 10E).

FORM 990-PF C	ORPORATE STOCK		STATEMENT 6
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	5,069,200.	5,070,580.	
FORM 990-PF	OTHER ASSETS		STATEMENT 7
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.

As Amended

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.

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

THE CLOVER FIELDS PRESERVATION

OMB No 1545-0047

2017

Employer identification number

	FOUNDATION, INC.	20-0818142
Organization type (chec	ck one)	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-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	
, ,	on is covered by the General Rule or a Special Rule. I (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special	I Rule. See instructions
General Rule		
-	ition filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions total any one contributor. Complete Parts I and II. See instructions for determining a contribu	
Special Rules		
sections 509(a)(any one contrib	ution described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% supp (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 1 butor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the arEZ, line 1 Complete Parts I and II.	6a, or 16b, and that received from
year, total contr	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from the first section of the first section o	
year, contribution is checked, enter purpose Don't of	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from sectiusively for religious, charitable, etc., purposes, but no such contributions totaled er here the total contributions that were received during the year for an exclusively religions complete any of the parts unless the General Rule applies to this organization becauseable, etc., contributions totaling \$5,000 or more during the year	d more than \$1,000. If this box gious, chantable, etc ,
but it must answer "No"	n that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule E on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on it et the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)	B (Form 990, 990-EZ, or 990-PF),

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization
THE CLOVER FIELDS PRESERVATION
FOUNDATION, INC.

Employer identification number

20-0818142

Rant I	Contributors (see instructions). Use duplicate copies of Part I if an	dditional 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	sss	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 Oncash (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 Oncash Complete Part II for noncash contributions)

Name of organization
THE CLOVER FIELDS PRESERVATION
FOUNDATION, INC.

Employer identification number

20-0818142

Rart III	Noncash Property (see instructions) Use duplicate copies of Part 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.	(6)	(c)	(4)
from	(b) Description of noncash property given	FMV (or estimate) (See instructions.)	(d) Date received
Part I		(000	
		\$	
		φ	
(a) No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
Part I		(00000000000000000000000000000000000000	
		\$	
		-	
(a) No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
Part I			
		\$	
(a) No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
Part I			
		\$	
(a) No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
Part I			
		\$	

Employer identification number

FOUNDA	OVER FIELDS PRESERVATION, INC.		20-0818142		
Partille	the year from any one contributor. Complete completing Part III, enter the total of exclusively religious	columns (a) through (e) and the follows, charitable, etc., contributions of \$1,000 or	in section 501(c)(7), (8), or (10) that total more than \$1,000 for owing line entry. For organizations riess for the year (Enter this info once)		
(a) No.	Use duplicate copies of Part III if addition	al space is needed			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	·				
-					
	(e) Transfer of gift				
-	Transferee's name, address, a	Relationship of transferor to transferee			
(a) No.					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
					
	(e) Transfer of gift				
-	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee		
(a) No. from	(In) Division of suffi	(a) Han of sife	(d) December of how with in held		
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-	(e) Transfer of gift				
j					
F	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee		
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Part I	(5), 6, 6, 6, 6, 6, 6, 6, 6, 6, 6, 6, 6, 6,	(4) 555 1. 511	(-,		
<u> </u>	(e) Transfer of gift				
	The state of the s	- J 7ID . A	Dalahanahin of Arrandones An Arrandones		
<u> </u>	Transferee's name, address, ar	10 ZIP + 4	Relationship of transferor to transferee		
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