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## Form **990-P.F**

## **Return of Private Foundation**

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

Department of the Treasury Internal Revenue Service Note. The four

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

2009

OMB No 1545-0052

For calendar year 2009, or tax year beginning , and ending											
G Check all that apply: Initial return			Initial return of a former public charity				Final return				
			Amended return		Address change			Name change			
Use	the	IRS Name of foundation						A Employer identification number			
ı	abel.										
	erwi		ILY FOUNDATI				la :		<u>-1452120</u>		_
	print . bvn c	,	O box number if mail is not do		to street address)		Room/suite		one number	1.0	
	type Spec	2140 COOM	TY ROAD 42 W	•			1		<u>2-447-78</u>	. [	_
	ructio	ne   City of town, state, a		,				I	otion application is p		7
<u></u>	hool	BURNSVILLE	X Section 501(c)(3) ex		vivate foundation			ייטן וייטן. Fore	eign organizations ign organizations me k here and attach co	s, CRECK REFE eting the 85% test,	7
7	_	type of organization: ction 4947(a)(1) nonexem	` `—		axable private founda	ition					_
L Fa		arket value of all assets at 6	<del>'                                    </del>			Accr	าเลโ		ite foundation stat section 507(b)(1)	tus was terminated	٦
		Part II, col. (c), line 16)	· 1 —	ther (sp	· · · <del></del> · · ·		uai			• •	_
<b>•</b>					must be on cash b	pasis.)			oundation is in a ( section 507(b)(1)	60-month termination	٦
_	rt I	Analysis of Revenue an	nd Expenses	(2	a) Revenue and	(b) Net in	vestment		Adjusted net	(d) Disbursements	_
<u> </u>		(The total of amounts in colu necessarily equal the amoun	ımns (b), (c), and (d) may not its ın column (a) )		penses per books		ome	(5)	income	for charitable purposes (cash basis only)	
	1	Contributions, gifts, gran	ts, etc., received		0.			]	N/A		_
	2	Check X if the foundation									
0	3	Interest on savings and tempo cash investments	orary								_
2010	4	Dividends and interest fro	om securities		14,308.	1	4,308.	ļ	<del></del>	STATEMENT 1	_
9		Gross rents						-		<u> </u>	
0	b	Net rental income or (loss)		-	BE 050						
رم	6a	Net gain or (loss) from sale of Gross sales price for all		<u> </u>	<u>-75,853.</u>			<del> </del>			_
AH W	_ b	assets on line 6a	210,504.								—
رهُج	′	Capital gain net income (from					0.				
ΞÏ	9	Net short-term capital gai Income modifications	III i					-			—
2	10a	Gross sales less returns	l					<del></del>			_
CANNER GALLE		and allowances  Less Cost of goods sold						<u>-</u> -	DECE	TVED	—
SC		Gross profit or (loss)	L. <u> </u>	<del> </del>					- AEU	19	_
00	11	Other income						ļ,		O   O	
	12	Total Add lines 1 throug	jh 11		-61,545.	1	4,308.		SI JUL 3	0 2010 10	_
	13	Compensation of officers, dire	ectors, trustees, etc		0.		0.		F	0	_
	14	Other employee salaries a	and wages				<u></u>	1	OGD	EN UI	
m	15	Pension plans, employee	benefits					ļ			
enses		Legal fees	_								_
per		Accounting fees	STMT 2		395.		197.			198	
Ä	1	Other professional fees	STMT 3	<u> </u>	2,118.	_	2,118.			0	•
Operating and Administrative Expo	!	Interest	CMMM A		254		254.				
stra	1	Taxes	STMT 4		254.		454.			0	•
ijij	19 20	Depreciation and depletion Occupancy	я								_
Adn	21	Travel, conferences, and	meetings					1		-	—
þ	22	Printing and publications	<del>-</del>								_
g	23	Other expenses	STMT 5		25.		0.			0	_
atin	l	Total operating and adm					<u>~_</u>				Ť
per		expenses. Add lines 13 t		L	2,792.		2,569.	<u></u>		198	_•
ō	25	Contributions, gifts, gran	ts paid		33,520.					33,520	
	26	Total expenses and disb	ursements.								
		Add lines 24 and 25			36,312.		2,569.			33,718	•
	27	Subtract line 26 from line	2 12:								
		Excess of revenue over expen			-97,857.		<b>a</b> ====				
	1	Net investment income (		<u> </u>		1	1,739.		7/3		
9235		Adjusted net income (if n		<u> </u>		··		]	N/A	[	<u></u>
92350	2-10	LHA FOR Privacy Act a	and Paperwork Reduction	ACT NO	itice, see the instruct	IIONS.				Form <b>990-PF</b> (2009	٤١.

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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. **Net Assets or Fund Balances** 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted  $\triangleright [X]$ Foundations that do not follow SFAS 117, check here and complete lines 27 through 31 458,836. 536,591 27 Capital stock, trust principal, or current funds 0. 0. 28 Paid-in or capital surplus, or land, bldg., and equipment fund 0. 0 29 Retained earnings, accumulated income, endowment, or other funds 458,836. 536,591. 30 Total net assets or fund balances 458,836. 536,591 31 Total liabilities and net assets/fund balances

Part III Analysis of Changes in Net Assets or Fund Balances

$\overline{}$	Table at a set of deliberate at horizontal files. Dott II actives (a) her 20			
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	458,836.
2	Enter amount from Part I, line 27a		2	-97,857.
3	Other increases not included in line 2 (itemize) SEE STATEMENT	6	3	175,612.
4	Add lines 1, 2, and 3		4	536,591.
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	536,591.

<u>.</u>	(a) List and desc	ribe the kind(s) of property sold (e.g irehouse; or common stock, 200 shs	., real estate,	income	(b) H	ow acquired Purchase Donation	(c)	Date acquired no., day, yr.)	(d) Date sold (mo., day, yr.)
10		D STOCK AND MUTU		DS.	J - U -	Donation	<u> </u>		( - , , , ,
_	CAPITAL GAINS		2311 1 014.	<u> </u>	†		1		<u> </u>
_d					<u> </u>		1		<del></del>
<u>e</u>	)		T		<u> </u>			410. (1)	· .
_	(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale				(h) Gain or (loss) ) plus (f) minus (	g)
_ <u>a</u>				286,35	7.				-76,216.
_ <u>b</u>				<u> </u>	+				363.
 d	• •								
_ <u>-</u>									
	Complete only for assets showing	ig gain in column (h) and owned by	the foundation	on 12/31/69		-		ins (Col. (h) gain	
	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (1) col. (j), if any		(		, but not less thar sses (from col. (l	
_a	l								-76,216.
_ <u>b</u>	).								363.
_0									
_d									
_e	3	C 11	L		$\exists$				
2	Capital gain net income or (net ca	pital loss) $ \begin{cases} \text{ If gain, also enter} \\ \text{ If (loss), enter -0} \end{cases} $	r in Part I, line - in Part I, line	7	<b>}</b>	2			-75,853.
3		ss) as defined in sections 1222(5) an	nd (6):		٦				
	If gain, also enter in Part I, line 8, If (loss), enter -0- in Part I, line 8	column (c).			}	3		N/A	
F	Part V Qualification U	nder Section 4940(e) for	Reduced	Tax on Net	Inve	stment li	ncon		
Wa	Yes, the foundation does not qual	nis part blank. tion 4942 tax on the distributable am ify under section 4940(e). Do not co each column for each year; see instri	mplete this pa	rt.					Yes X No
_	(a)	(b)	actions before	making any citin	(c)				(d) ution ratio
	Base periód years Calendar year (or tax year beginnii	مرام مراب في المرام	tributions	Net value of no	ncharit	able-use asse	ets	Distrib (col. (b) div	ution ratio ided by col. (c))
	2008		3,676.			451,95	3.		.052386
_	2007		9,599.			703,66			.056275
_	2006		1,725.			700,87	2.		.045265
_	2005	3	1,875.			630,26	7.		.050574
	2004								
2	Total of line 1, column (d)							2	.204500
	• • • • • • • • • • • • • • • • • • • •	5-year base period - divide the total o	on line 2 by 5,	or by the number	of year	'S			
	the foundation has been in exister	nce if less than 5 years						3	.051125
4	Enter the net value of noncharitab	ole-use assets for 2009 from Part X,	line 5					4	471,733.
5	Multiply line 4 by line 3							5	24,117.
	Enter 1% of net investment incom	ne (1% of Part   line 27h)						6	117.
	Add lines 5 and 6							7	24,234.
		a Dark VIII. Iraa 4							
8	Enter qualifying distributions from	•	46 4 - 3	data that are t	401	An	L	8	33,718.
	If line 8 is equal to or greater than See the Part VI instructions.	i line 7, check the box in Part VI, line	10, and comp	piete that part usin	ıg a 1%	tax rate.			

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Form	n 990-PF (2009) CHASE FAMILY FOUNDATION			1452			Page 4
Pa	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4	1940(e), or	4948	- see ir	stru	ctio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.	)					,
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)	ions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕒 🗶 and enter 1%	6	1			1	<u>17.</u>
	of Part I, line 27b			l			
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, co	ol. (b)		İ			
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			1	<u> 17.</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4				<u>0.</u>
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5			1	<u> 17.</u>
6	Credits/Payments:						
а	2009 estimated tax payments and 2008 overpayment credited to 2009			]			
b	Exempt foreign organizations - tax withheld at source						
	Tax paid with application for extension of time to file (Form 8868)		_				
đ	Backup withholding erroneously withheld 6d				-		2
7	Total credits and payments. Add lines 6a through 6d		7				0.
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is attached		8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	<b>&gt;</b>	9			1	<u> 17.</u>
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	, <b>&gt;</b>	_10				
	Enter the amount of line 10 to be: Credited to 2010 estimated tax	Refunded -	11	l			
	art VII-A Statements Regarding Activities			т		·	
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it partici	pate or interven	e in			Yes	-
	any political campaign?				1a		_ <u>X</u> _
þ	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions				1b		_X_
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any ma	tenals publish	ed or				
	distributed by the foundation in connection with the activities						37
	Did the foundation file Form 1120-POL for this year?			-	1c		<u> X</u>
a	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	^					
_	(1) On the foundation. ► \$ 0. (2) On foundation managers. ► \$	O .	<u>•</u>				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on managers. ► \$ 0 •	louridation					
9	Has the foundation engaged in any activities that have not previously been reported to the IRS?				2		х
2	If "Yes," attach a detailed description of the activities.			-			
2	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of	f incorporation	or				
3	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	r incorporation,	OI .	ŀ	3		х
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			-	4a		X
	of 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.						
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:				i		
	By language in the governing instrument, or						
	By state legislation that effectively amends the governing instrument so that no mandatory directions that confidence in the confiden	flict with the stat	te law				
	remain in the governing instrument?				6		_X_
7	Did the foundation have at least \$5,000 in assets at any time during the year?				7	X	
	If "Yes," complete Part II, col. (c), and Part XV						
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)						
	MN						
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or d	lesignate)					
	of each state as required by General Instruction G? If "No," attach explanation				8b_	_X_	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 49	942(j)(5) for cal	endar				
	year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV				9		X
10	Did any persons become substantial contributors during the tax year? if "Yes," attach a schedule listing their names and	d addresses			10		X

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;

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

had not been removed from jeopardy before the first day of the tax year beginning in 2009?

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Part VII-B   Statements Regarding Activities for Whic	n Form 4720 May Be I	Required (contin	nued)		
• 5a During the year did the foundation pay or incur any amount to:					
(1) Carry on propaganda, or otherwise attempt to influence legislation (sec	ction 4945(e))?	Y <sub>1</sub>	es X No		
(2) Influence the outcome of any specific public election (see section 4955	); or to carry on, directly or indir		_		
any voter registration drive?			es 🔀 No		
(3) Provide a grant to an individual for travel, study, or other similar purpor	ses?	Y	es X No	•	
(4) Provide a grant to an organization other than a charitable, etc., organization	ation described in section		_		
509(a)(1), (2), or (3), or section 4940(d)(2)?		Y	es 🗶 No		
(5) Provide for any purpose other than religious, charitable, scientific, litera	ary, or educational purposes, or t	for			
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	under the exceptions described	in Regulations			
section 53.4945 or in a current notice regarding disaster assistance (see ins	structions)?	-	N/A	5b	1
Organizations relying on a current notice regarding disaster assistance chec	•				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption		ined			
expenditure responsibility for the grant?		. —	es 🔲 No	.	
If "Yes," attach the statement required by Regulations section 53.4		.,			
6a Did the foundation, during the year, receive any funds, directly or indirectly,	' '				ļ
a personal benefit contract?	to pay premiums on		es X No		l
•	a navagnal banafit contract?	, T	es Lalino	C.	₩.
b Did the foundation, during the year, pay premiums, directly or indirectly, on	a personal benefit contract?			6b	<u> </u>
If "Yes" to 6b, file Form 8870.		Г	[ <del>1</del> ]		
7a At any time during the tax year, was the foundation a party to a prohibited tax		Y∈	es X No		
b If yes, did the foundation receive any proceeds or have any net income attri	_		N/A	7b	
Part VIII Information About Officers, Directors, Tru Paid Employees, and Contractors	istees, Foundation Ma	inagers, Highl	У		
List all officers, directors, trustees, foundation managers and the	eir compensation.				
2 List dir officer st, director st, di disteres i foundation manager s una una	<del></del>	(c) Compensation	(d) Contributions to	16	1 Fynense
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid, enter -0-)	(d) Contributions to employee benefit plan and deferred	s acc	Expense count, other
	to position	enter -0-)	compensation	<u> a</u>	llowances
ANDREW CHASE	PRESIDENT				
18178 CLEARLY LAKE CT	┥		_		_
PRIOR LAKE, MN 55372	0.50	0.	0	•	0.
MONICA CHASE	SECRETARY-TRE	ASURER		ł	
18178 CLEARLY LAKE CT					
PRIOR LAKE, MN 55372	0.50	0.	0		<u> </u>
				1	
				1	
2 Compensation of five highest-paid employees (other than those	included on line 1). If none,	enter "NONE."			
/ North and address of each annulation and annual than CCO 000	(b) Title, and average		(d) Contributions to employee benefit plan		) Expense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	l acc	count, other llowances
NONE					
				- 1	
				<del> </del>	
	$\dashv$				
		<del>                                     </del>	<del> </del>	+	
	_				
			<del>                                     </del>	+-	
	_				
	<del></del>	<del> </del>	<del> </del>		<del></del>
	_				
The state of the s		<u> </u>			
Total number of other employees paid over \$50,000					0

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (contractors (contractors) (a) Name and address of each person paid more than \$50,000 (b) Type of service (c) Compensation NONE (c) None (c) Type of service (c) Compensation NONE (c) Compensation NONE (c) Compensation NONE (c) Compensation NONE (c) Compensation Service (c) Compensation Se	Form 99Q-PF (2009) CHASE FAMILY FOUNDATION	37-	1452120 Page 7
(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	Part VIII Information About Officers, Directors, Trustees, Four Paid Employees, and Contractors (continued)		
NONE  Total number of others receiving over \$50,000 for professional services  ▶ 0  Part IX-A   Summary of Direct Charitable Activities  List the foundation's four largest direct charitable activities around other beneficiaries served, conferences convened, research papers produced, etc.  1 N/A  2    Part IX-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.	3 Five highest-paid independent contractors for professional services. If none, e	nter "NONE."	
Total number of others receiving over \$50,000 for professional services  Part IX-A   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.  1	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
Part IX-A   Summary of Direct Charitable Activities	NONE		
Part IX-A   Summary of Direct Charitable Activities			
Part IX-A   Summary of Direct Charitable Activities			
Part IX-A   Summary of Direct Charitable Activities			
Part IX-A   Summary of Direct Charitable Activities			
Part IX-A   Summary of Direct Charitable Activities			
Part IX-A   Summary of Direct Charitable Activities			
Part IX-A   Summary of Direct Charitable Activities	<del></del>		
Part IX-A   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.  1 N/A  2	Total number of others receiving over \$50,000 for professional services		▶ 0
number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.  1 N/A  2 3	Part IX-A Summary of Direct Charitable Activities		
N/A			Fynancas
Part IX-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.		produced, etc.	Expenses
Part IX-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  1 N/A  All other program-related investments. See instructions.  3	1 N/A		
Part IX-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  1 N/A  All other program-related investments. See instructions.  3			
Part IX-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  1 N/A  All other program-related investments. See instructions.  3	2		
Part IX-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.  All other program-related investments. See instructions.			
Part IX-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.  All other program-related investments. See instructions.			
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.  3	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.  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.  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.  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.  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.  3	Part IX-B Summany of Program-Polated Investments		
1		r on lines 1 and 2	Amount
All other program-related investments. See instructions.  3			ranount
All other program-related investments. See instructions.  3			
All other program-related investments. See instructions.  3			
3	2		
3		=	
3			
Total Add lines 1 through 3	3		
Total Add lines 1 through 3			
	Total, Add lines 1 through 3	<b></b>	0.

0 . Form **990-PF** (2009)

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations, se	ee instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	454,285.
b	Average of monthly cash balances	1b	454,285. 24,632.
C	Fair market value of all other assets	1c	
á	Total (add lines 1a, b, and c)	1d	478,917.
е	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	478,917.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	7,184.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	471,733.
6	Minimum investment return. Enter 5% of line 5	6	23,587.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here  and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	23,587.
2a	Tax on investment income for 2009 from Part VI, line 5		•
b	Income tax for 2009. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	117.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	23,470.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	23,470.
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	23,470.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	33,718.
b	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:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	33,718.
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	117.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	33,601.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	qualifies for t	he section

Form **990-PF** (2009)

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part	XI,			-
line 7			·	23,470.
2 Undistributed income, if any, as of the end of 20	009			
a Enter amount for 2008 only			0.	
b Total for prior years:				
		0.		
3 Excess distributions carryover, if any, to	2009:			
a From 2004				
b From 2005				
c From 2006				
d From 2007				
e From 2008				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2009 from				
Part XII, line 4: ► \$33,7	110			
a Applied to 2008, but not more than line 2			0.	
		<del></del>	<u> </u>	
b Applied to undistributed income of prior	-,	•		
years (Election required - see instruction	s)	0.		<del></del>
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			00 450
d Applied to 2009 distributable amount	10.040			23,470.
e Remaining amount distributed out of cor	·			
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same ar must be shown in column (a))	nount O.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	10,248.			
b Prior years' undistributed income. Subtri				
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice deficiency has been issued, or on which the section 4942(a) tax has been previou assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2008. Subtract	line			
4a from line 2a. Taxable amount - see ins			0.	
f Undistributed income for 2009. Subtract				
lines 4d and 5 from line 1. This amount r	must			
be distributed in 2010				0.
7 Amounts treated as distributions out of	-			<u></u>
corpus to satisfy requirements imposed	hv			
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 200-	***			
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2010.				
Subtract lines 7 and 8 from line 6a	10,248.			
	10,240.			
O Analysis of line 9:				
a Excess from 2005				
b Excess from 2006				
c Excess from 2007				
d Excess from 2008	140			
e Excess from 2009 10, 2	40.			

	FAMILY FOUND		A		152120 Page 10
Part XIV Private Operating F			-A, question 9)	N/A	<del></del>
1 a If the foundation has received a ruling					
foundation, and the ruling is effective for		=		14040(2)(0) == [ ] 4	040(1/5)
b Check box to indicate whether the foun		ig foundation described i		4942(j)(3) or4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year (a) 2009	(b) 2008	Prior 3 years (c) 2007	(d) 2006	(a) Total
income from Part I or the minimum	(a) 2009	(0) 2000	(6) 2007	(0) 2000	(e) Total
investment return from Part X for					
each year listed	-				
<b>b</b> 85% of line 2a				<del> </del>	
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					
exempt activities					<u> </u>
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					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year					
listed			<del></del>		-
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public				<del></del>	
and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info	rmation (Comple	te this part only	f the foundation	n had \$5,000 or m	ore in assets
at any time during	the year-see the i	nstructions.)			
Information Regarding Foundation     List any managers of the foundation whyear (but only if they have contributed in the	no have contributed more		ributions received by the	e foundation before the clo	se of any tax
SEE STATEMENT 9					
b List any managers of the foundation who other entity) of which the foundation ha			or an equally large port	ion of the ownership of a p	eartnership or
NONE	J. 12222				
2 Information Regarding Contribut	ion Grant Gift Loan	Scholarship etc. Dr	ourams.		
Check here X if the foundation the foundation makes gifts, grants, etc.	only makes contributions t	to preselected charitable (	organizations and does		
a The name, address, and telephone num	ber of the person to whor	n applications should be	addressed:	<del></del>	
-					
<b>b</b> The form in which applications should	be submitted and informat	tion and materials they sh	rould include:		· · · · · · · · · · · · · · · · · · ·
c Any submission deadlines:			<del></del>	<del></del>	
d Any restrictions or limitations on award	s, such as by geographica	al areas, charitable fields	kinds of institutions, or	other factors:	
,	_, _ z				

;

3 Grants and Contributions Paid During the Year or Approved for Future Payment							
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount			
Name and address (home or business)	or substantial contributor	recipient	Contribution				
a Paid during the year							
	,						
SEE STATEMENT 10							
Total	<u></u> .	1	<u>▶</u> 3a	33,520.			
b Approved for future payment							
NONE							
Total	<del></del>		▶ 3b	0.			

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

Enter gross amounts unless otherwise indicated.	Unrelate	ed business income		ded by section 512, 513, or 514	(e)
•	(a) Business	(b)	(C) Exclu- sion	(d)	Related or exempt
1 Program service revenue:	code	Amount	code	Amount	function income
a			L		
b			<u> </u>		
C					
d					
e					_
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments					
4 Dividends and interest from securities	<u> </u>		14	14,308.	* *
5 Net rental income or (loss) from real estate:			<u> </u>		<u> </u>
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal	-				
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other			1.0	75 053	
than inventory			18	-75,853.	
Net income or (loss) from special events     Gross profit or (loss) from sales of inventory			·		<u> </u>
1 Other revenue:	-		-		<del>-</del>
a					
·	<del></del>				<del></del>
d			<del></del>		
e					
2 Subtotal. Add columns (b), (d), and (e)		0.		-61.545.	0.
3 Total. Add line 12, columns (b), (d), and (e)		<u> </u>	!		-61,545.
See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities to	the Acc	omplishment of Ex	emp	t Purposes	
				·	
Explain below how each activity for which income the foundation's exempt purposes (other than be			COHUIL	outed importantly to the accom	ipiistiment of
	, p				
				<del></del>	
				· · · · · ·	
	<del></del> -	···			
				·	
	·				
	•				
				<u></u>	
					·····
<u></u>					

28	a is the foundation directly or indirectly affiliated with, or related to	, one or more tax-exempt organiza	itions described	
	in section 501(c) of the Code (other than section 501(c)(3)) or in	n section 527?		Yes X No
ŧ	b If "Yes," complete the following schedule.			
	(a) Name of organization	(b) Type of organization	(c) Description of	relationship
	N/A			
_	Under penalties of perjug, I declare that I beve examined this return, including	g accompanying schedules and statemer	nts, and to the best of my knowledge and	belief, it is true, correct,
	and complete Declaration of preparer tother than taxpayer or figureary) is bas			
	Marie	1/13/10	► PRESIDENT	
ē	Signature of officer or trustee	Date	Title	
Here	V digitative of officer of tradice		<del></del>	Preparer's identifying number
듰	Preparer's Preparer's	Dai	Self	Preparer's identifying number
ฆั	Preparer's signature Connettickok		5/21/10 employed ▶	
	TAUTGES REDPA	ATH, LTD.	FIN ▶	

4810 WHITE BEAR PARKWAY

WHITE BEAR LAKE, MN 55110

Form **990-PF** (2009)

<u>(651)426-7000</u>

Phone no.

if self-employed).

FORM 990-PF DIVIDENT	S AND	INTER	EST FROM	SECUI	RITIES	STATEMENT	1
SOURCE		GROSS	AMOUNT		ITAL GAINS IVIDENDS	COLUMN (A) AMOUNT	,
CHARLES SCHWAB	_		14,671.		363.	14,30	8.
TOTAL TO FM 990-PF, PART I, I	.N 4 =		14,671.		363.	14,30	8.
FORM 990-PF	AC	COUNTI	NG FEES			STATEMENT	2
DESCRIPTION	EXPE	A) NSES BOOKS	(B) NET INV MENT IN	EST-	(C) ADJUSTED NET INCOME	(D) CHARITAE PURPOSE	
ACCOUNTING FEES		395.		197.		19	8.
TO FORM 990-PF, PG 1, LN 16B		395.		197.		19	8.
FORM 990-PF C	THER I	PROFES	SIONAL F	EES		STATEMENT	3
DESCRIPTION	EXPE	A) NSES BOOKS	(B) NET INV MENT IN	EST-	(C) ADJUSTED NET INCOME	(D) CHARITAE PURPOSE	
INVESTMENT ADVISOR FEES	:	2,118.	2	2,118.			0.
TO FORM 990-PF, PG 1, LN 16C		2,118.	2	2,118.			0.
FORM 990-PF		TAX	ES			STATEMENT	4
	EXPE	A) NSES	(B) NET INV	EST-	(C) ADJUSTED NET INCOME		BLE
DESCRIPTION	PER	BOOKS	MENT IN	COME	MEI INCOME	1 OKTOBE	S
DESCRIPTION	PER 1	254.	MENT IF	254.	MEI INCOME		0.

FORM 990-PF	OTHER E	EXPENSES			STATEMENT	5
	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC		(C) ADJUSTEI NET INCOM		
MN ATTORNEY GENERAL FEE	25.		0.	-		0.
TO FORM 990-PF, PG 1, LN 23 =	25.		0.			0.
FORM 990-PF OTHER INCREASES	IN NET ASS	SETS OR FU	ND BA	LANCES	STATEMENT	6
DESCRIPTION					AMOUNT	
UNREALIZED CHANGE IN FMV OF IN	VESTMENTS				175,62	12.
TOTAL TO FORM 990-PF, PART III	, LINE 3				175,63	12.
FORM 990-PF	CORPORAT	E STOCK			STATEMENT	7
DESCRIPTION			воо	K VALUE	FAIR MARKET	r
CORPORATE STOCK		-		198,131.	198,13	31.
TOTAL TO FORM 990-PF, PART II,	LINE 10B	-		198,131.	198,13	31.
FORM 990-PF	OTHER INV	ESTMENTS			STATEMENT	8
		LUATION ETHOD	воо	K VALUE	FAIR MARKET	r
DESCRIPTION						
DESCRIPTION  BOND FUNDS EQUITY FUNDS SPDR DOW JONES INTL REAL ESTAT SPDR GOLD TRUST SHARES GLD	E ETF	FMV FMV FMV FMV		82,920. 206,258. 19,190. 10,731.	82,92 206,25 19,19 10,73	58. 90.

FORM 990-PF PART XV - LINE 1A STATEMENT 9
LIST OF FOUNDATION MANAGERS

NAME OF MANAGER

ANDREW CHASE MONICA CHASE

FORM 990-PF GRANTS AND CONTRIBUTIONS STATEMENT 10
PAID DURING THE YEAR

RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT		AMOUNT
CHURCH OF ST. MICHAELS 16331 DULUTH AVE SE PRIOR LAKE, MN 55372	NONE RELIGIOUS SUPPORT	509(A)(1) OR 509(A)(2)	11,139.
PRIOR LAKE HIGH SCHOOL DANCE TEAM 7575 150TH STREET W SAVAGE, MN 55378	NONE SUPPORT PUBLIC HIGH SCHOOL ATHLETICS	509(A)(1) OR 509(A)(2)	100.
PRIOR LAKE HIGH SCHOOL BASEBALL 7575 150TH STREET W SAVAGE, MN 55378	NONE SUPPORT PUBLIC HIGH SCHOOL ATHLETICS	509(A)(1) OR 509(A)(2)	25.
PRIOR LAKE HIGH SCHOOL HOCKEY 7575 150TH STREET W SAVAGE, MN 55378		509(A)(1) OR 509(A)(2)	25.
LEUKEMIA & LYMPHOMA SOC 8441 WAYZATA BLVD GOLDEN VALLEY, MN 55426	NONE MEDICAL RESEARCH	509(A)(1) OR 509(A)(2)	20.
CATHOLIC SERVICES APPEAL 328 KELLOGG BLVD W ST. PAUL, MN 55102	NONE RELIGIOUS SUPPORT	509(A)(1) OR 509(A)(2)	800.

CHASE FAMILY FOUNDATION			37-1452120
ST. JUDES CHILDRENS HOSPITAL 4820 WEST 77TH STREET MINNEAPOLIS, MN 55435	NONE MEDICAL RESEARCH	509(A)(1) OR 509(A)(2)	
MINNEAFOLIS, FM 33433		303(A)(2)	
WOODDALE CHURCH	NONE		50.
6630 SHADY OAK ROAD EDEN PRAIRIE, MN 55344	SUPPORT	OR 509(A)(2)	
CROHN & COLITIS FOUNDATION OF		509(A)(1)	655.
AMERICA 1885 UNIVERSITY AVENUE ST. PAUL, MN 55104	MEDICAL RESEARCH	OR 509(A)(2)	
	NONE	509(A)(1)	950.
24818 EAST CEDAR LAKE DRIVE NEW PRAGUE, MN 56071	MEDICAL ASSISTANCE	OR 509(A)(2)	
AMERICAN CANCER SOCIETY	NONE	509(A)(1)	1,500.
2520 PILOT KNOB ROAD, STE 150 ST. PAUL, MN 55120	CANCER RESEARCH	OR 509(A)(2)	_,
PEDIATRIC LOW GRADE ASTROCYTOMA 98 RANDOM FARMS DRIVE	MEDICAL RESEARCH AND	509(A)(1) OR	250.
CHAPPAQUA, NY 10514	SUPPORT	509(A)(2)	
CANCER FUND OF AMERICA 2901 BREEZEWOOD LANE KNOXVILLE,	NONE	509(A)(1) OR	75.
TN 37921	MEDICAL RESEARCH	509(A)(2)	
FOUNDATION FOR AMERICAN VETS	NONE	509(A)(1)	100.
7473 WILSHIRE WEST BLOOMFIELD, MI 48322	SUPPORT OF AMERICAN VETERANS	OR 509(A)(2)	
FOOD FOR THE POOR 6401 LYONS ROAD COCONUT CREEK,	NONE FOOD FOR THE POOR	509(A)(1) OR	1,000.
FL 33073		509(A)(2)	
FOUNDATION FIGHTING BLINDNESS	NONE	509(A)(1)	500.
11435 CRONHILL DRIVE OWNINGS MILLS, MD 21117	RESEARCH FOR BLINDNESS PREVENTION	OR 509(A)(2)	

CHASE FAMILY FOUNDATION			37-1452120
AMERICAN DIABETES ASSOCIATION 1701 N BEAUREGARD STREET ALEXANDRIA, VA 22311	NONE DIABETES RESEARCH		100.
THE STATE OF THE S		303(11)(11)	
CROSS INTERNATIONAL CATHOLIC OUTREACH	NONE SHIPPING SUPPLIES TO	509(A)(1) OR	500.
370 W CAMINO GARDENS BLVD BOCO RATON, FL 33432		509(A)(2)	
CATHOLIC RELIEF SERVICES 228 W LEXINGTON STREET	NONE	509(A)(1) OR	500.
BALTIMORE, MD 21201	ADDIDIANCE TO FOOK	509(A)(2)	
CATHOLIC CHARITIES	NONE	509(A)(1)	500.
1200 2ND AVE S MINNEAPOLIS, MN 55403	RELIGIOUS DONATION	OR 509(A)(2)	
FEED MY STARVING CHILDREN	NONE	509(A)(1)	500.
401 93RD AVE NW COON RAPIDS, MN	GIFT FOR UGANDAN CHILDREN		
SECOND HARVEST HEARTLAND 1140 GERVAIS AVENUE ST. PAUL,	NONE FOOD CENTER FOR PEOPLE	509(A)(1) OR	200.
MN 55109	IN NEED	509(A)(2)	
SHARING AND CARING HANDS 525 NORTH 7TH STREET	NONE NEEDS OF THE POOR	509(A)(1) OR	1,500.
MINNEAPOLIS, MN 55405	NEEDS OF THE FOOR	509(A)(2)	
AMERICAN RED CROSS			1,100.
2025 E STREET NW WASHINGTON, DC 20006	EMERGENCY AID	OR 509(A)(2)	
CAP AGENCY	NONE	509(A)(1)	1,500.
712 CANTERBERRY RD S SHAKOPEE, MN 55379	GENERAL DONATION FOR FOOD & CLOTHING	OR 509(A)(2)	1,500.
		\ / \ - /	
TWIN CITIES HABITAT FOR HUMANITY 3001 4TH STREET SE MINNEAPOLIS,	NONE PROVIDE AFFORADABLE	509(A)(1) OR	2,500.
MN 55414	HOUSING	509(A)(2)	

,			
CHASE FAMILY FOUNDATION			37-1452120
COMMON HOPE PO BOX 14298 ST.PAUL, MN 55114	NONE SURGICAL SUPPORT IN GUATAMALA	509(A)(1) OR 509(A)(2)	200.
EVANGELICAL CHURCH 615 E MAIN STREET MT HOREB, WI 53572	NONE ASSISTANCE FOR NEEDY	509(A)(1) OR 509(A)(2)	500.
SMILE TRAIN 41 MADISON AVENUE NEW YORK, NY 10010	NONE DENTAL ASSISTANCE FOR CHILDREN	509(A)(1) OR 509(A)(2)	250.
8160 COUNTY ROAD 42 #300	NONE TOYS FOR NEEDY CHILDREN	509(A)(1) OR 509(A)(2)	500.
ALS ASSOCIATION, MN CHAPTER 333 N WASHINGTON AVE MINNEAPOLIS, MN 55401	NONE GENERAL MEDICAL RESEARCH	509(A)(1) OR 509(A)(2)	500.
DISABLED VETERANS SERVICES INC 1540 HARVEST RUN ALLEN, TX 75002		509(A)(1) OR 509(A)(2)	20.
KIDS WISH NETWORK 101 S MILITARY AVE #222 GREEN BAY, WI 54303	NONE GIFT FOR CHILDREN WITH CANCER	509(A)(1) OR 509(A)(2)	35.
CHILDREN'S HOSPITAL FOUNDATION 345 N SMITH AVENUE ST.PAUL, MN 55102	NONE RESEARCH CHILDREN'S DISEASES	509(A)(1) OR 509(A)(2)	200.
SALVATION ARMY 2445 PRIOR AVENUE N ROSEVILLE, MN 55113	NONE ASSISTANCE FOR NEEDY	509(A)(1) OR 509(A)(2)	100.
FOOD ALLERGY & ANAPHYLAXIS NETWORK 11781 LEE JACKSON HWY #160	NONE SUPPORT AND RESEARCH FOOD ALLERGIES	509(A)(1) OR 509(A)(2)	250.

FAIRFAX, VA 22033

CHASE FAMILY FOUNDATION			37-1452120
UNIVERSITY OF WISCONSIN LACROSSE FOUNDATION 615 EAST AVENUE N LACROSSE, WI 54602	SUPPORT COLLEGE OF	509(A)(1) OR 509(A)(2)	1,000.
THREE RIVERS PARK 3000 XENIUM LANE N PLYMOUTH, MN 55441			100.
ST. AUGUSTINE'S CHURCH N10090 COUNTY B TOMAHAWK, WI 54487	NONE CAPITAL CAMPAIGN-ELEVATOR	509(A)(1) OR 509(A)(2)	1,100.
RONCALLI NEWMAN PARISH 1732 STATE STREET LACROSSE, WI 54601	NONE RELIGIOUS SUPPORT	509(A)(1) OR 509(A)(2)	500.
MINNESOTA ZOO 1300 ZOO BLVD APPLE VALLEY, MN 55124	NONE EDUCATIONAL PROGRAMS		95.
SAFE HAVEN FOR YOUTH 13780 MCKENNA ROAD NW SHAKOPEE, MN 55379		509(A)(1) OR 509(A)(2)	200.
ALPHA PREGNANCY RESOURCE CENTER 13845 HIGHWAY 13 S SAVAGE, MN 55378	NONE PREGNANCY SUPPORT RESOURCES	509(A)(1) OR 509(A)(2)	500.
PARTNERS IN HEALTH 641 HUNTINGTON AVENUE BOSTON, MA 02115	NONE HAITI EARTHQUAKE RELIEF	509(A)(1) OR 509(A)(2)	1,000.
TOTAL TO FORM 990-PF, PART XV, LI	NE 3A		33,520.

Charles SCHWAB INSTITUTIONAL	Schwab One® Account of CHASE FAMILY FOUNDATION	Account Number 3061-9364	er Statement Period December 1-31, 2009
Investment Detail- Equities			
		₹.	
Equities	Quantity	Market Price	Market value
ABBÖTT LABORATORIES SYMBOL: ABT	100,0000	53.9900	5,399.00
ACTIVISION BLIZZARD INC SYMBOL: ATVI	250.0000	11.1100	2.777.50
ALCOA INÇ SYMBOL: ÁA	200 0000	16.1200	3.224.00
ALLIANT TECHSYSTEMS INC SYMBOL: ATK	75.0000	88.2700	6,620.25
ASSURANT INC SYMBOL: AIZ	100.0000	29.4800	2,948 00
BERKSHIRE HATHAWAY CL B SYMBOL: BRKB	1.0000	3,286.0000	3.286.00
C V S CAREMARK CORP SYMBOL: CVS	150.0000	32.2100	4.831 50
CHEVRON CORPORATION SYMBOL: CVX	50.0000	76.9900	3.849.50
COMCAST CP NEW CL A SPL CLASS A SPL NON-VOTING SYMBOL: CMCSK	325.0000	16.0100	5 203.25
CONOCOPHILLIPS SYMBOL: COP	100.0000	51 0700	5,107.00
DEVON ENERGY CP NEW SYMBOL: DVN	75.0000	73.5000	5,512.50
DIAGEO PLC NEW ADR F 1 ADR REPS 4 ORD SYMBOL: DEO	50.0000	69.4100	3,470.50

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Charles SCHWAB INSTITUTIONAL

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Schwab One® Account of CHASE FAMILY FOUNDATION

Account Number 3061-9364

Statement Period December 1-31, 2009

Investment Detail - Equities (continued)

Equities (continued)	Quantity	Market Price	Market Value
ECOLAB INC SYMBOL: ECL	100.0000	44.5800	4,458 00
EMERSON ELECTRIC CO SYMBOL: EMR	150.0000	42.6000	6,390.00
GENERAL MILLS INC SYMBOL·GIS	100.0000	70.8100	7,081.00
GILEAD SCIENCES INC SYMBOL: GILD	100.0000	43.2700	4,327.00
HEWLETT-PACKARD COMPANY SYMBOL: HPQ	150.0000	51.5100	7,726.50
INTL GAME TECHNOLOGY SYMBOL: IGT	100.0000	18.7700	1,877.00
JOHNSON & JOHNSON SYMBOL, JNJ	100.0000	64.4100	6,441.00
LOCKHEED MARTIN CORP SYMBOL. LMT	50.0000	75.3500	3,767.50
MARATHON OIL CORP SYMBOL: MRO	100.0000	31.2200	3,122.00
METLIFE INC SYMBOL: MET	150.0000	35.3500	5,302,50
MICROSOFT CORP SYMBOL: MSFT	200.0000	30.4800	00 960'9
MYLAN INC SYMBOL: MYL	300.000	18.4300	5,529.00

Please see "Endnotes for Your Account" section for an explanation of the endnote codes and symbols on this statement. CTCD2202-001815 102685

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charles SCHWAB INSTITUTIONAL

Schwab One® Account of CHASE FAMILY FOUNDATION

Account Number 3061-9364

Statement Period December 1-31, 2009

Investment Detail - Equities (continued)

Equities (continued)	Quantity	Market Price	Market Value
NESTLE S A REG B ADR F 1 ADR REPS 1 ORD SYMBOL: NSRGY	175 0000	48.5625	8,498.44
NOBLE CORP F SYMBOL. NE	100.0000	40.7000	4,070 00
NOVARTIS A G SPON ADR F SPONSORED ADR 1 ADR REP 1 ORD SYMBOL: NVS	150.0000	54 4300	8, 164.50
PEPSICO INCORPORATED SYMBOL: PEP	50.0000	60 8000	3.040.00
PLAINS EXPL & PRODTN CO SYMBOL: PXP	175 0000	27 6600	4.840 50
PROCTER & GAMBLE SYMBOL: PG	150 0000	60.6300	9,094.50
QUALCOMM INC SYMBOL, QCOM	100.0000	46 2600	4,626.00
SIEMENS A G ADR 1 ADR REP 1 ORD SYMBOL: SI	50.0000	91.7000	4 585.00
STATE STREET CORP SYMBOL: STT	100.0000	43.5400	4 354.00
T C F FINANCIAL CORP SYMBOL: TCB	300.0000	13 6200	4,086.00

Please see "F~dnotes for Your Account" section for an explanation of the endnote codes and symboling in this statement CTC02202-001815 102686

**SED** 

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Equities (continued)	Quantity	Market Price	Market Value
TARGET CORPORATION SYMBOL: TGT	100.0000	48 3700	4,837.00
TEVA PHARM INDS LTD ADRF SPONSORED ADR 1 ADR REP 10 ORD SYMBOL: TEVA	100 0000	56.1800	5,618 00
VODAFONE GROUP NEW ADR F SPONSORED ADR 1 ADR REP 10 ORD SYMBOL: VOD	250.0000	23.0900	5,772.50
WISCONSIN EGY CP HLDG CO SYMBOL: WEC	100 0000	49.8300	4,983.00
XCEL ENERGY INC SYMBOL: XEL	340.0000	21.2200	7,214 80
Total Equities			73.50 50 50 50 5498,136.74.

## Investment Detail - Mutual Funds

Bond Funds	Quantity	Market Price	Market Value
LOOMIS SAYLES BOND CL 1 & SYMBOL: LSBDX	2,678.9230	13.3400	35,736.83
PIMCO EMRG LOCAL BD FD \$ INSTL CL SYMBOL: PELBX	1,520.4330	9.9400	15,113.10

"G000018150409"

Please see "Endnotes for Your Account" section for an explanation of the endnote codes and symbols on this statement.

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# Investment Detail - Mutual Funds (continued)

Bond Funds (continued)	Quantity	Market Price	Market Value
PIMCO TOTAL RETURN FUND § INSTL CL SYMBOL: PTTRX	2.003.4920	10.8000	21,637.71
THIRD AVENUE FOCUSED & CREDIT FD INST CL SYMBOL TFCIX	993 5920	10.5000	10 432.72
Total Bond Funds			82,920.36
Equity Funds	Quantity	Market Price	Market Value
AMERICAN FD EUROPACIFIC § GROWTH FUND F2 SYMBOL: AEPFX	1,492.9490	38.3100	57,194.88
ARTISAN INTL VALUE FUND SYMBOL: ARTKX	1,058 9480	23.1000	24,461.70
OPPENHEIMER DEVELOPING & MKTS Y SYMBOL. ODVYX	1 262 3210	28 4300	35,887.79
PIMCO COMMODITY REAL \$ RETURN STRAT CL INSTL SYMBOL: PCRIX	2.017 9380	8.2800	16.708.53
PIMCO GLOBAL MULTI & ASSET FUND INST CL SYMBOL: PGAIX	2 272 6070	10 9800	24.953.22

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## charles SCHWAB INSTITUTIONAL

Schwab One® Account of CHASE FAMILY FOUNDATION

; ( ; ( ; ( ; ( ; ( Account Number Str 3061-9364 De

Statement Perlod December 1-31, 2009

# Investment Detail - Mutual Funds (continued)

Equity Funds (continued)	Quantity	Market Price Mi	Market Value
THIRD AVE REAL ESTATE VALUE FUND SYMBOL; TAREX	1,435.7590	20.4600	29,375.63
THIRD AVENUE SMALL CAP ♦ VALUE FUND SYMBOL: TASCX	971.8150	18.1900	17,677 31
Total Equity Funds (Feet Section Control of Section			\$ 206,259.06

## Form **8868** (Rev. April 2009)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

OMB No. 1545-1709

● If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box	<b>▶</b> 🛣
<ul> <li>If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2</li> </ul>	
Do not complete Part II unless you have already been granted an automatic 3-month extension on a previo	ously filed Form 8868
Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)	
A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box an	nd complete
Part I only	. ▶ □
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to requ to file income tax returns.	uest an extension of time
Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic exposed below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electrons (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electrons www.irs.gov/efile and click on e-file for Chanties & Nonprofits	ectronically if (1) you want the additional or consolidated Form 990-T Instead,
Type or Name of Exempt Organization print	Employer identification number
CHASE FAMILY FOUNDATION	37-1452120
File by the due date for filing your 2140 COUNTY ROAD 42 W.	1
return See Instructions City, town or post office, state, and ZIP code For a foreign address, see instructions.  BURNSVILLE, MN 55337	
Check type of return to be filed (file a separate application for each return)	
	4700
	orm 4720 orm 5227
	orm 6069
TAX TOUR SOUT TO TOUR TOUR TOUR TOUR TOUR TOUR TOU	orm 8870
FOR TOWN SOUTH Land FOR THE PARTY FOR THE PA	orm 8870
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THE FOUNDATION	
THE FOUNDATION  The books are in the care of ▶ 2140 COUNTY ROAD 42 W BURNSVILLE,  Telephone No. ▶ 952-447-7810  FAX No ▶  If the organization does not have an office or place of business in the United States, check this box	
THE FOUNDATION  The books are in the care of ▶ 2140 COUNTY ROAD 42 W BURNSVILLE,  Telephone No. ▶ 952-447-7810  FAX No ▶  If the organization does not have an office or place of business in the United States, check this box	
THE FOUNDATION  The books are in the care of   2140 COUNTY ROAD 42 W BURNSVILLE,	MN 55337  ▶ □  If this is for the whole group, check this
THE FOUNDATION  The books are in the care of ▶ 2140 COUNTY ROAD 42 W BURNSVILLE, Telephone No. ▶ 952-447-7810  If the organization does not have an office or place of business in the United States, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  box ▶ ☐ If it is for part of the group, check this box ▶ ☐ and attach a list with the names and EINs  1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of times.	MN 55337  If this is for the whole group, check this of all members the extension will cover me until
THE FOUNDATION  The books are in the care of ▶ 2140 COUNTY ROAD 42 W BURNSVILLE, Telephone No. ▶ 952-447-7810  If the organization does not have an office or place of business in the United States, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  box ▶ ☐ If it is for part of the group, check this box ▶ ☐ and attach a list with the names and EINs  1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of tir AUGUST 16, 2010, to file the exempt organization return for the organization na	MN 55337  If this is for the whole group, check this of all members the extension will cover me until
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THE FOUNDATION  The books are in the care of ▶ 2140 COUNTY ROAD 42 W. — BURNSVILLE, Telephone No. ▶ 952-447-7810 FAX No ▶  If the organization does not have an office or place of business in the United States, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  box ▶ ☐ If it is for part of the group, check this box ▶ ☐ and attach a list with the names and EINs  1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of tire  AUGUST 16, 2010, to file the exempt organization return for the organization is for the organization's return for  ▶ ☒ calendar year 2009 or  ▶ ☐ tax year beginning, and ending  2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return  3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions  b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated	MN 55337  If this is for the whole group, check this is of all members the extension will cover me until aimed above. The extension  Change in accounting period.
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