

EXTENDED TO NOVEMBER 15, 2017

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.

Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf

OMB No 1545-0052

2016

Open to Public Inspection

Form 990-PF

Department of the Treasury
Internal Revenue Service

For calendar year 2016 or tax year beginning

, and ending

Name of foundation

LIFE TIME FITNESS FOUNDATION

A Employer identification number

03-0533192

Number and street (or P.O. box number if mail is not delivered to street address)

2902 CORPORATE PLACE

Room/suite

B Telephone number

952-229-7226

City or town, state or province, country, and ZIP or foreign postal code

CHANHASSEN, MN 55317

C If exemption application is pending, check here ☐

G Check all that apply:

☐ Initial return☐ Initial return of a former public charity☐ Final return☐ Amended return☐ Address change☐ Name changeD 1. Foreign organizations, check here ☐2. Foreign organizations meeting the 85% test, check here and attach computation ☐

H Check type of organization:

☒ Section 501(c)(3) exempt private foundation☐ Section 4947(a)(1) nonexempt charitable trust☐ Other taxable private foundationE If private foundation status was terminated under section 507(b)(1)(A), check here ☐

I Fair market value of all assets at end of year

J Accounting method: ☐ Cash ☒ Accrual

(from Part II, col (c), line 16)

☐ Other (specify) _____F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ☒

\$ 1,643,188. (Part I, column (d) must be on cash basis)

Part I Analysis of Revenue and Expenses
(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)

(a) Revenue and expenses per books

(b) Net investment income

(c) Adjusted net income

(d) Disbursements for charitable purposes (cash basis only)

1	Contributions, gifts, grants, etc., received	1,317,807.		N/A	
2	Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
3	Interest on savings and temporary cash investments				
4	Dividends and interest from securities				
5a	Gross rents				
b	Net rental income or (loss)				
6a	Net gain or (loss) from sale of assets not on line 10				
b	Gross sales price for all assets on line 6a				
7	Capital gain net income (from Part IV, line 2)		0.		
8	Net short-term capital gain				
9	Income modifications				
10a	Gross sales less returns and allowances				
b	Less: Cost of goods sold				
c	Gross profit or (loss)				
11	Other income	613.	0.		
12	Total. Add lines 1 through 11	1,318,420.	0.		
13	Compensation of officers, directors, trustees, etc.	141,333.	0.		144,806.
14	Other employee salaries and wages	169,486.	0.		169,486.
15	Pension plans, employee benefits	57,024.	0.		57,024.
16a	Legal fees STMT 2	3,253.	0.		3,253.
b	Accounting fees STMT 3	17,500.	0.		17,500.
c	Other professional fees STMT 4	5,999.	0.		6,019.
17	Interest				
18	Taxes				
19	Depreciation and depletion	3,898.	0.		
20	Occupancy				
21	Travel, conferences, and meetings	34,525.	0.		24,136.
22	Printing and publications				
23	Other expenses STMT 5	400,495.	0.		362,324.
24	Total operating and administrative expenses. Add lines 13 through 23	833,513.	0.		784,548.
25	Contributions, gifts, grants paid	854,699.			888,465.
26	Total expenses and disbursements. Add lines 24 and 25	1,688,212.	0.		1,673,013.
27	Subtract line 26 from line 12.				
a	Excess of revenue over expenses and disbursements	<369,792.>			
b	Net investment income (if negative, enter -0-)		0.		
c	Adjusted net income (if negative, enter -0-)			N/A	

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STATEMENT 1

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Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing	1,777,774.	1,478,584.	1,478,584.
	2 Savings and temporary cash investments			
	3 Accounts receivable ▶ 3,976.			
	Less: allowance for doubtful accounts ▶	4,218.	3,976.	3,976.
	4 Pledges receivable ▶ 133,283.			
	Less: allowance for doubtful accounts ▶	173,502.	133,283.	133,283.
	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	43,767.	14,336.	14,336.
	9 Prepaid expenses and deferred charges			
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock			
	c Investments - corporate bonds			
Liabilities	11 Investments - land, buildings, and equipment basis ▶			
	Less: accumulated depreciation ▶			
	12 Investments - mortgage loans			
	13 Investments - other			
	14 Land, buildings, and equipment basis ▶ 45,417.			
	Less: accumulated depreciation ▶ 32,408.	6,585.	13,009.	13,009.
	15 Other assets (describe ▶)			
	16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	2,005,846.	1,643,188.	1,643,188.
	17 Accounts payable and accrued expenses	21,468.	59,248.	
	18 Grants payable	222,095.	188,329.	
Net Assets or Fund Balances	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe ▶ OTHER ACCRUED EXPE)	18,517.	21,637.	
	23 Total liabilities (add lines 17 through 22)	262,080.	269,214.	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/>			
	and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted	1,545,301.	1,154,324.	
	25 Temporarily restricted	198,465.	219,650.	
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ <input type="checkbox"/>			
	and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg., and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds			
Net Assets or Fund Balances	30 Total net assets or fund balances	1,743,766.	1,373,974.	
	31 Total liabilities and net assets/fund balances	2,005,846.	1,643,188.	

Part III 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 (must agree with end-of-year figure reported on prior year's return)	1	1,743,766.
2 Enter amount from Part I, line 27a	2	<369,792.>
3 Other increases not included in line 2 (itemize) ▶ DONATED SERVICES REVENUE	3	77,758.
4 Add lines 1, 2, and 3	4	1,451,732.
5 Decreases not included in line 2 (itemize) ▶ DONATED SERVICES EXPENSE	5	77,758.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	1,373,974.

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a			
b	NONE		
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a			
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
a			
b			
c			
d			
e			

2 Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	2	
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6). If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8		3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year, see the instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2015	1,886,952.	1,856,541.	1.016380
2014	1,245,692.	1,606,142.	.775580
2013	654,678.	1,063,087.	.615827
2012	361,930.	746,152.	.485062
2011	62,826.	364,421.	.172400

2 Total of line 1, column (d)	2	3.065249
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	.613050
4 Enter the net value of noncharitable-use assets for 2016 from Part X, line 5	4	1,536,526.
5 Multiply line 4 by line 3	5	941,967.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	0.
7 Add lines 5 and 6	7	941,967.
8 Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.	8	1,673,013.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. 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 <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b		1	0.
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2	0.
3 Add lines 1 and 2		3	0.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	0.
6 Credits/Payments:			
a 2016 estimated tax payments and 2015 overpayment credited to 2016	6a		
b Exempt foreign organizations - tax withheld at source	6b		
c Tax paid with application for extension of time to file (Form 8868)	6c		
d Backup withholding erroneously withheld	6d		
7 Total credits and payments. Add lines 6a through 6d	7		0.
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> 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	9		0.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		
11 Enter the amount of line 10 to be: Credited to 2017 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	11		

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. <input type="checkbox"/> \$ 0. (2) On foundation managers. <input type="checkbox"/> \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input type="checkbox"/> \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	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	X	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> <u>AL, AZ, CA, CO, FL, GA, IN, IA, KS, MD, MI, MN, NE, NY, NV, TN, OK, VA, AK, OH, IL</u>		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

Part 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)		X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	X	
Website address HTTP://WWW.LTFFFOUNDATION.ORG		
14 The books are in care of KAREN JOHNSON Telephone no. 952-229-7226		
Located at 2902 CORPORATE PLACE, CHANHASSEN, MN ZIP+4 55317		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year		N/A
16 At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?		X
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country		

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

	Yes	No
1a During the year did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?		X
Organizations relying on a current notice regarding disaster assistance check here		
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2016?		X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If "Yes," list the years		
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.)	N/A	
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2016)	N/A	
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		X
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 2016?		X

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a During the year did the foundation pay or incur any amount to

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?

☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions)

☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

☐ Yes ☒ 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 instructions)?

N/A

Organizations relying on a current notice regarding disaster assistance check here

☒

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

N/A

☐ Yes ☐ No

If "Yes," attach the statement required by Regulations section 53.4945-5(d)

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

If "Yes" to 6b, file Form 8870

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

☐ Yes ☒ No

b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?

N/A

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation.

(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
SEE STATEMENT 7		141,334.	0.	24,360.

2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

(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
VALERIA LA ROSA - 2902 CORPORATE PLACE, CHANHASSEN, MN 55317	PROGRAM MANAGER	76,333.	0.	14,123.
MEGAN STINCHFIELD - 2902 CORPORATE PLACE, CHANHASSEN, MN 55317	NUTRITION PROJECT MANAGER	58,000.	0.	11,235.

Total number of other employees paid over \$50,000

0

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	0.
b	Average of monthly cash balances	1b	1,559,925.
c	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	1,559,925.
e	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	1,559,925.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	23,399.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,536,526.
6	Minimum investment return. Enter 5% of line 5	6	76,826.

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.)

1	Minimum investment return from Part X, line 6	1	76,826.
2a	Tax on investment income for 2016 from Part VI, line 5	2a	
b	Income tax for 2016. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	76,826.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	76,826.
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	76,826.

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	1,673,013.
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:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	1,673,013.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	1,673,013.

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI, line 7				76,826.
2 Undistributed income, if any, as of the end of 2016			0.	
a Enter amount for 2015 only				
b Total for prior years		0.		
3 Excess distributions carryover, if any, to 2016:				
a From 2011	44,605.			
b From 2012	324,622.			
c From 2013	601,529.			
d From 2014	1,165,385.			
e From 2015	1,794,560.			
f Total of lines 3a through e	3,930,701.			
4 Qualifying distributions for 2016 from Part XII, line 4: \$ 1,673,013.			0.	
a Applied to 2015, but not more than line 2a				
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			76,826.
d Applied to 2016 distributable amount	1,596,187.			
e Remaining amount distributed out of corpus	0.			0.
5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount must be shown in column (a).)				
6 Enter the net total of each column as indicated below:	5,526,888.			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
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 amount - see instructions		0.		
e Undistributed income for 2015. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2016. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2017				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	83,623.			
8 Excess distributions carryover from 2011 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a	5,443,265.			
10 Analysis of line 9:				
a Excess from 2012	285,604.			
b Excess from 2013	601,529.			
c Excess from 2014	1,165,385.			
d Excess from 2015	1,794,560.			
e Excess from 2016	1,596,187.			

Part XV Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

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				
SEE ATTACHMENT 1	NONE		OPERATING	888,465.
Total			3a	888,465.
b Approved for future payment				
SEE ATTACHMENT 2	NONE		OPERATING	188,329.
Total			3b	188,329.

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

- d** If the answer to any of the above is "Yes," complete the following schedule. Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received.

	Yes	No
1a(1)		X
1a(2)		X
1b(1)		X
1b(2)		X
1b(3)		X
1b(4)		X
1b(5)		X
1b(6)		X
1c		X

[illegible]

- Yes ☒ No

- | (a) Name of organization | (b) Type of organization | (c) Description of relationship |
|--------------------------|--------------------------|---------------------------------|
| N/A | | |
| | | |
| | | |
| | | |
| | | |

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				May the IRS discuss this return with the preparer shown below (see instr.)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Signature of officer or trustee <i>[Signature]</i>		Date <i>7/19/17</i>	Title <i>Secretary</i>			
Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature		Date	Check if self-employed	PTIN
	SARAH REDDEN		<i>Sarah Redden</i>		7/17/2017		P00898534
	Firm's name ► DELOITTE TAX LLP					Firm's EIN ► 86-1065772	
	Firm's address ► 50 SOUTH SIXTH STREET MINNEAPOLIS, MN 55402					Phone no 612-397-4000	

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

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

OMB No. 1545-0047

2016

Name of the organization

LIFE TIME FITNESS FOUNDATION

Employer identification number

03-0533192

Organization type (check 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

☒ 501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule 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) (2016)

Name of organization

Employer identification number

LIFE TIME FITNESS FOUNDATION**03-0533192****Part I** **Contributors** (See instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	LIFE TIME FITNESS, INC. 2902 CORPORATE PLACE CHANHASSEN, MN 55317	\$ 450,260.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions)
2	LIFE TIME FITNESS, INC. 2902 CORPORATE PLACE CHANHASSEN, MN 55317	\$ 102,533.	Person Payroll Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions)
3	BAHRAM & EMILY AKRADI 4300 OAK ROAD MINNETRISTA, MN 55331	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
4	MINNESOTA TIMBERWOLVES AND LYNX 600 HENNEPIN AVENUE, SUITE 300 MINNEAPOLIS, MN 55403	\$ 4,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
5	US BANK 1200 ENERGY PARK DR. ST. PAUL, MN 55391	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions)
6	AGRA CULTURE KITCHEN 3717 W 50TH ST MINNEAPOLIS, MN 55410	\$ 15,670.	Person Payroll Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

LIFE TIME FITNESS FOUNDATION**03-0533192****Part I Contributors** (See instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	MICHAEL & BRITTANY REGER FAMILY FOUNDATION 436 FERNDAL ROAD SOUTH WAYZATA, MN 55391	\$ 49,199.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
8	TOTAL DEPTH FOUNDATION 315 MANITOBA AVE. WAYZATA, MN 55391	\$ 8,424.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
9	ARROW GIVING FOUNDATION 650 THIRD AVE SOUTH STE 1500 MINNEAPOLIS, MN 55402	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
10	MINNESOTA TIMBERWOLVES AND LYNX 600 HENNEPIN AVENUE, SUITE 300 MINNEAPOLIS, MN 55403	\$ 11,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
11	PAT CAVANAUGH 520 FERNDAL ROAD WEST WAYZATA, MN 55391	\$ 10,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
12	ARTS, BEATS & EATS FOUNDATION 301 WEST 4TH ST. ROYAL OAK, MI 48067	\$ 5,678.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Name of organization

Employer identification number

LIFE TIME FITNESS FOUNDATION**03-0533192****Part I Contributors** (See instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	ANGIE ERICKSON 1695 HUNTER DRIVE WAYZATA, MN 56391	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
14	HARRY & MOLLY SCHLEETER 1585 MEDINA ROAD LONG LAKE, MN 55356	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
15	STAR FOUNDATION 9980 DEERBROOK DRIVE CHANHASSEN, MN 55317	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
16	WEDDING DAY DIAMONDS 555 OAK RIDGE PLACE #110 HOPKINS, MN 55305	\$ 6,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions)
17	THOMAS BERGMANN 3782 WOODLAND COVE PKWY MINNETRISTA, MN 55331	\$ 7,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
18	TED BIGOS 560 HARRINGTON ROAD WAYZATA, MN 55391	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Name of organization LIFE TIME FITNESS FOUNDATION	Employer identification number 03-0533192
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Part I **Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	CAMBRIA 805 E ENTERPRISE DR. BELLE PLAINE, MN 56011	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
20	MICHAEL FOLKEN 2626 E. 82ND STREET #335 BLOOMINGTON, MN 55425	\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
21	FORCE MULTIPLY 500 LAKE ST. EXCELSIOR, MN 55331	\$ 12,203.	Person Payroll Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
22	MICHAEL & BERIT FRANCIS 2905 FOX ST. ORONO, MN 55356	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
23	TOBIE & TONY GONZALEZ 810 NORTH ALPINE DR. BEVERLY HILLS, CA 90210	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
24	HOLMES CSM FAMILY FOUNDATION 500 WASHINGTON AVE S. STE 3000 MINNEAPOLIS, MN 55415	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization LIFE TIME FITNESS FOUNDATION	Employer identification number 03-0533192
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Part I **Contributors** (See instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	GARY HOLMES 450 FERNDAL RD. S. WAYZATA, MN 55391	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
26	MARK JACOBS 150 LIBERTY ST. WINONA, MN 55987	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
27	MILLA & JONNY KEST 5000 BROOKDALE ROAD BLOOMFIELD HILLS, MI 48304	\$ 26,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
28	NOLAN FAMILY FOUNDATION 155 GLEASON LAKE RD, STE 205 WAYZATA, MN 55391	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
29	PIQUE TRAVEL 362 3RD ST. EXCELSIOR, MN 55331	\$ 20,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
30	LINDSAY & TOM POHLAD 20570 PARK PLACE DEEPHAVEN, MN 55331	\$ 7,899.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Name of organization

Employer identification number

LIFE TIME FITNESS FOUNDATION**03-0533192****Part I Contributors** (See instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	ELLEN REDMOND P.O. BOX 287 CARVER, MN 55315	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	SAGEVIEW FOUNDATION 1920 MAIN ST., STE 800 IRVINE, CA 92614	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	JAMES SPOLAR 4820 QUANTICO LN N PLYMOUTH, MN 55446	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	THE ALIABADI FAMILY CHARITABLE GIFT FUND 12 MERILANE AVE EDINA, MN 55436	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	PAUL & BECKY WALSER 165 GROVE LANE EAST WAYZATA, MN 55391	\$ 8,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	WHITELY FAMILY GIVING FUND C/O FIDELITY 2657 WOODBRIDGE RD WAYZATA, MN 55391	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LIFE TIME FITNESS FOUNDATION	Employer identification number 03-0533192
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Part I Contributors (See instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	THOMAS AND ANGELA WICKA 4904 MERILANE AVE EDINA, MN 55436	\$ 28,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
38	MARCO ZAMBIANCHI 700 US HIGHWAY 46 EAST FAIRFIELD, NJ 07004	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
39	JAMES SPOLAR 4820 QUANTICO LN N PLYMOUTH, MN 55446	\$ 25.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions)
40	ELOISE AND CARL POHLAD FAMILY FUND 60 S. 6TH ST. #3900 MINNEAPOLIS, MN 55402	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Name of organization

Employer identification number

LIFE TIME FITNESS FOUNDATION**03-0533192****Part II** **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
2	TICKETS, SPA PRODUCTS, PARKING SPOTS, AND MISCELLANEOUS GOODS	\$ 102,533.	
6	APPETIZERS AND DINNER	\$ 15,670.	
10	SUPER FAN PACKAGES	\$ 11,000.	
16	18K WHITE GOLD DIAMOND NECKLACE	\$ 6,000.	
21	50TH ANNUAL CMA TICKETS	\$ 12,203.	
29	AFRICAN SAFARI TRIP FOR AUCTION	\$ 20,000.	

Employer identification number

03-0533192

Part II

[illegible]

Name of organization	Employer identification number
LIFE TIME FITNESS FOUNDATION	03-0533192

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this info. once) ▶ \$

Use duplicate copies of Part III if additional space is needed

(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
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

Life Time Fitness Foundation
Grants and Contributions Paid During the Year
Part XV, Line 3a

03-0533192

Name	Address	Foundation Status of the Recipient	Amount
Arlington Public Schools	1426 N Quincy St Arlington VA 22207	PC	400
Austin Independent School System	3908 Avenue B Ste 212, Austin TX 78751	PC	357,614
Boulder Valley School District RE-2	6500 E Arapahoe Road, PO Box 9011, Boulder, CO 80301	PC	63,785
Chagrin Falls Exempted Village Schools	400 E Washinton St , Chagrin Falls, OH 44022	PC	9,966
Chef Ann Foundation	4810 Riverbend Road, Boulder, CO 80301	PC	329,253
Cincinnati Public Schools	2551 Burnet Ave, Cincinnati, OH 45219	PC	300
Cobb County School District	6975 Cobb International Blvd , Kennesaw, GA 30152	PC	770
Detroit Public Schools	2001 Warren Ave , Detroit, MI 48208	PC	56,112
Detroit Public Schools FDA Agnculture	2001 Warren Ave , Detroit, MI 48208	PC	698
Lake Harriet Upper Campus School	4912 Vincent Ave. S Mpls MN 55410	PC	226
Minnetonka Public Schools Nutrition	5621 County Road 101, Minnetonka MN 55345	PC	1,097
MNPS Nutrition Services	812 Plymouth Ave North, Mpls MN 55411	PC	307
MPS Nutrition Services	812 Plymouth Ave North, Mpls MN 55411	PC	6,000
Namaste Charter Schools, Inc	3737 S Paulina St, Chicago IL 60609	PC	431
New London Public Schools	134 Williams St New London, CT 06320	PC	484
PROP	15195 Martin St Eden Prairie, MN 55347	PC	4,000
Queen Creek Unified School District #95	20217 E Chandler Hts Rd., Queen Creek AZ 85142	PC	394
Real Food For Kids	P O Box 1521 Great Falls, VA 22066	PC	30,000
Roseville City School District	400 Derek Place, Suite D, Roseville, CA 95678	PC	21,881
School District of Upper Dublin	1580 Ft Washington Ave, Maple Glen, PA 19002	PC	416
School Food Focus	1014 Tomey Ave, San Francisco, CA 94129	PC	3,470
SNP - City Schools of Decatur	125 Electric Ave, Decatur, GA 30030	PC	350
Project Friendship C/O St Andrew's Lutheran Church	13600 Technology Drive, Eden Prairie, MN 55344	PC	148
USD 231 Gardner Edgerton	P O Box 97, 231 E Madison, Gardner KS 66030	PC	362
Total			888,465

Life Time Fitness Foundation
Grants and Contributions Approved for Future Payment
Part XV, Line 3b

03-0533192

Name	Address	Foundation Status of the Recipient	Amount
Boulder Valley School District	6500 E Arapahoe Road, PO Box 9011, Boulder, CO 80301	PC	51,570
Chagrin Falls Exempted Village Schools	400 E Washinton St , Chagrin Falls, OH 44022	PC	4,412
Chef Ann Foundation	4810 Riverbend Road, Boulder, CO 80301	PC	102,054
Norwood City School District	2132 Williams Ave Norwood, OH 45212	PC	336
Roseville City School District	400 Derek Place, Suite D, Roseville, CA 95678	PC	29,956
Total			188,329

Life Time Foundation

Summary of Direct Charitable Activities

Part IX-A

Life Time Foundation's mission is to help schools eliminate the Harmful 7 ingredients from food they serve so every child receives the healthy food they deserve. This is achieved by removing trans fats & hydrogenated oils, high-fructose corn syrup, hormones & antibiotics, processed & artificial sweeteners, artificial colors & flavors, artificial preservatives & bleached flour. Below are some of the ways we provided direct charitable activities in 2016.

The base of our work is to provide nutrition counsel and financial grants to school districts with the goal of creating complete and sustainable nutrition alignment, in the best interest of all children. We provide grants to subsidize improved ingredients through procurement, grants for capital equipment to provide from-scratch cooking, grants for professional development and marketing to increase school lunch participation. We provided \$884,100 in grants in 2016.

Of this \$884,100 in grants delivered, \$50,800 was spent on nutrition education for school culinary professionals. We provided micro grants to school partners for culinary bootcamps and industry conferences. Of that same amount, \$75,100 was invested to support the LunchBox.org, a best-in-class online tool for school nutrition professionals.

Separately, we spent an estimated \$17,400 on our nutrition education program, Hooray for Healthy (Nutrition Literacy), for elementary students, taught by certified team members.

FORM 990-PF	OTHER INCOME		STATEMENT 1
DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
T-SHIRT & HAT SALES	613.	0.	
TOTAL TO FORM 990-PF, PART I, LINE 11	613.	0.	

FORM 990-PF	LEGAL FEES			STATEMENT 2
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL FEES	3,253.	0.		3,253.
TO FM 990-PF, PG 1, LN 16A	3,253.	0.		3,253.

FORM 990-PF	ACCOUNTING FEES			STATEMENT 3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	17,500.	0.		17,500.
TO FORM 990-PF, PG 1, LN 16B	17,500.	0.		17,500.

FORM 990-PF	OTHER PROFESSIONAL FEES			STATEMENT 4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
TEMPORARY HELP CONTRACTS	2,210.	0.		2,230.
OTHER PROFESSIONAL FEES	3,789.	0.		3,789.
TO FORM 990-PF, PG 1, LN 16C	5,999.	0.		6,019.

FORM 990-PF

OTHER EXPENSES

STATEMENT 5

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
CREDIT CARD FEES	7,343.	0.		7,184.
BANK FEES	2,405.	0.		2,331.
ANNUAL FILING FEES	455.	0.		20.
IT SUPPORT	16,944.	0.		9,974.
PRESS RELEASE	1,025.	0.		1,025.
SUPPLIES	1,114.	0.		1,004.
POSTAGE & SHIPPING	260.	0.		299.
MEMBERSHIP DUES	195.	0.		195.
MARKETING	71,861.	0.		71,207.
FUNDRAISING	240,783.	0.		215,055.
SUBSCRIPTIONS	206.	0.		206.
FULFILLMENT CHARGES	66.	0.		66.
STORAGE	550.	0.		550.
AUDIO/VIDEO	29,312.	0.		29,312.
BAD DEBTS	3,500.	0.		0.
STOCK PHOTOGRAPHY	3,930.	0.		3,930.
APPRECIATION GIFTS	4,194.	0.		3,614.
OBSOLETE INVENTORY	16,352.	0.		16,352.
	0.	0.		0.
TO FORM 990-PF, PG 1, LN 23	400,495.	0.		362,324.

FORM 990-PF

OTHER LIABILITIES

STATEMENT 6

DESCRIPTION	BOY AMOUNT	EOY AMOUNT
OTHER ACCRUED EXPENSES	18,517.	21,637.
TOTAL TO FORM 990-PF, PART II, LINE 22	18,517.	21,637.

FORM 990-PF

PART VIII - LIST OF OFFICERS, DIRECTORS
TRUSTEES AND FOUNDATION MANAGERS

STATEMENT 7

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
BAHRAM AKRADI 2902 CORPORATE PLACE CHANHASSEN, MN 55317	CHAIR, PRESIDENT, AND DIRECTOR 0.50	0.	0.	0.
JASON THUNSTROM 2902 CORPORATE PLACE CHANHASSEN, MN 55317	VICE CHAIR AND TREASURER 0.50	0.	0.	0.
JAMES SPOLAR 2902 CORPORATE PLACE CHANHASSEN, MN 55317	SECRETARY AND DIRECTOR 0.50	0.	0.	0.
BARBARA KOCH 2902 CORPORATE PLACE CHANHASSEN, MN 55317	EXECUTIVE DIRECTOR 40.00	141,334.	0.	24,360.
EMILY AKRADI 2902 CORPORATE PLACE CHANHASSEN, MN 55317	DIRECTOR 0.50	0.	0.	0.
TAMI KOZIKOWSKI 2902 CORPORATE PLACE CHANHASSEN, MN 55317	DIRECTOR 0.50	0.	0.	0.
LINDSAY POHLAD 2902 CORPORATE PLACE CHANHASSEN, MN 55317	DIRECTOR 0.50	0.	0.	0.
BRITTANY REGER 2902 CORPORATE PLACE CHANHASSEN, MN 55317	DIRECTOR 0.50	0.	0.	0.
AARON SWITZ 2902 CORPORATE PLACE CHANHASSEN, MN 55317	DIRECTOR 0.50	0.	0.	0.
PATRICIA WEBBER 2902 CORPORATE PLACE CHANHASSEN, MN 55317	DIRECTOR 0.50	0.	0.	0.

LIFE TIME FITNESS FOUNDATION

03-0533192

TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII

141,334.

0. 24,360.

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION
PART XV, LINES 2A THROUGH 2D

STATEMENT 8

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

LIFE TIME FITNESS FOUNDATION
2902 CORPORATE PLACE
CHANHASSEN, MN 55317

TELEPHONE NUMBER

952-229-7226

FORM AND CONTENT OF APPLICATIONS

APPLICATIONS ARE AVAILABLE ONLINE AT:
[HTTP://WWW.LTFFFOUNDATION.ORG/FOR-SCHOOLS/](http://WWW.LTFFFOUNDATION.ORG/FOR-SCHOOLS/)

ANY SUBMISSION DEADLINES

N/A

RESTRICTIONS AND LIMITATIONS ON AWARDS